4636-60-5281

14297

IREDELL COUNTY HEALTH DEPARTMENT

IMPROVEMENT PERMIT AND CERTIFICATE OF COMPLETION / OPERATIONS PERMIT

OWNER OR CONTRACTOR Spear Construction DATE Oct 15 '92 PERMIT NO. 266A207

PHONE: Business ______ Home ______

LOCATION 1100 TL 1112 TL 1st R12 ±500' on right

S.R. No. ______

SUBDIVISION NAME Commodore Peninsula LOT NO. 207 SECTION OR BLOCK NO. ______

House ☑ Mobile Home ☐ Business ☐ Other ______

No. Bedrooms 3 No. Bathrooms 2

Garbage Disposal Unit Yes ☐ No ☑

Auto. Dishwasher Yes ☑ No ☐

Auto. Wash. Machine Yes ☑ No ☐

Lot Area ±15,000 ft²

Soil Characteristics PS clay

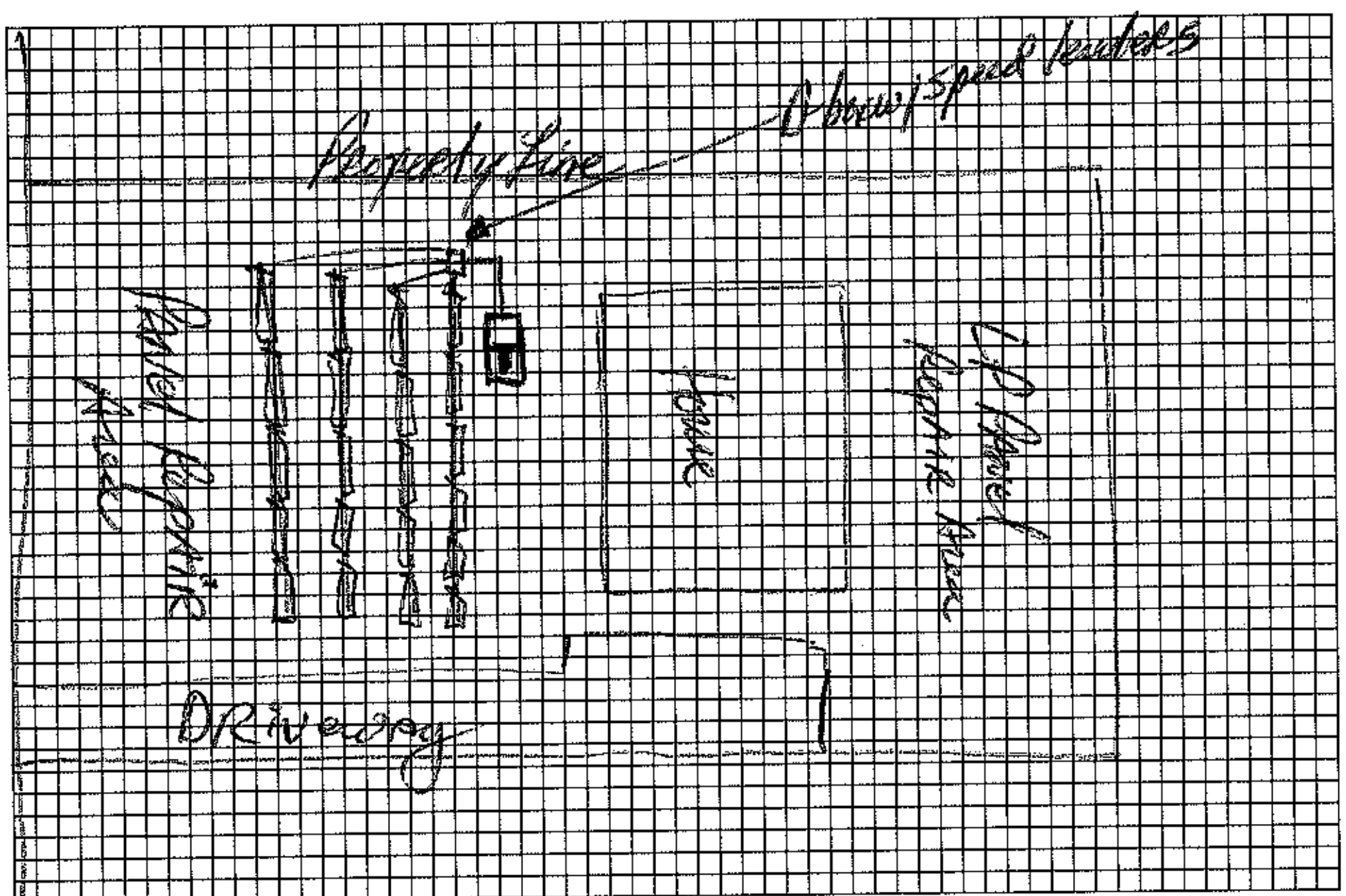
Application Rate .3 gal/ft²/day

Topography 4-6%

Depth to Water Table ≥ 4'

Rock or other impervious formations None obs

______ Basement with Plumbing ______ Basement without Plumbing ✓ No Basement ✓ Crawl Space



Plot of System (Not to Scale)

Size of Tank 1000 Gals.

Nitrification Field:

No. of Lines 4

Sq. Ft. ______ Linear Ft. 200' of

Depth of Stone in Lines 16" PPBS

Water Supply: Individual ☐

Public ☑ CW

Installed by Rowan Septic Tank

I understand and agree to install a septic tank system as specified on this Improvement Permit.

Signed: ______

(IMPROVEMENT PERMIT IS VALID FOR 60 MONTHS FROM DATE OF ISSUE.)

IMPROVEMENT PERMIT BY DRH

COMMENTS ______

CERTIFICATE OF COMPLETION BY DR Hinson, RS DATE 10/15/92

EXISTING SYSTEM CHECKED BY ______ DATE ______

CONSTRUCTION MUST COMPLY WITH ALL OTHER APPLICABLE STATE AND LOCAL REGULATIONS

Permit is VOID if any unauthorized changes are made in installation of system, and/or if any unapproved changes are made to the site, and/or if any false information is supplied toward securing Improvement Permit.

Health Dept. Copy: White Inspection Dept. Copy: Yellow Sanitarian's Copy: Pink Owner's Copy: Gold