14297

IREDELL COUNTY HEALTH DEPARTMENT

IMPROVEMENT PERMIT AND CERTIFICATE OF COMPLETION / OPERATIONS PERMIT

OWNER OR CONTRACTOR Spear Const. DATE Aug. 4, '92 PERMIT NO. 26-6A207

PHONE: Business _____ Home _____

LOCATION 1100 TL 1112 TR 1st R/R (Commodore Dr.) ~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 Fiem psc/clay

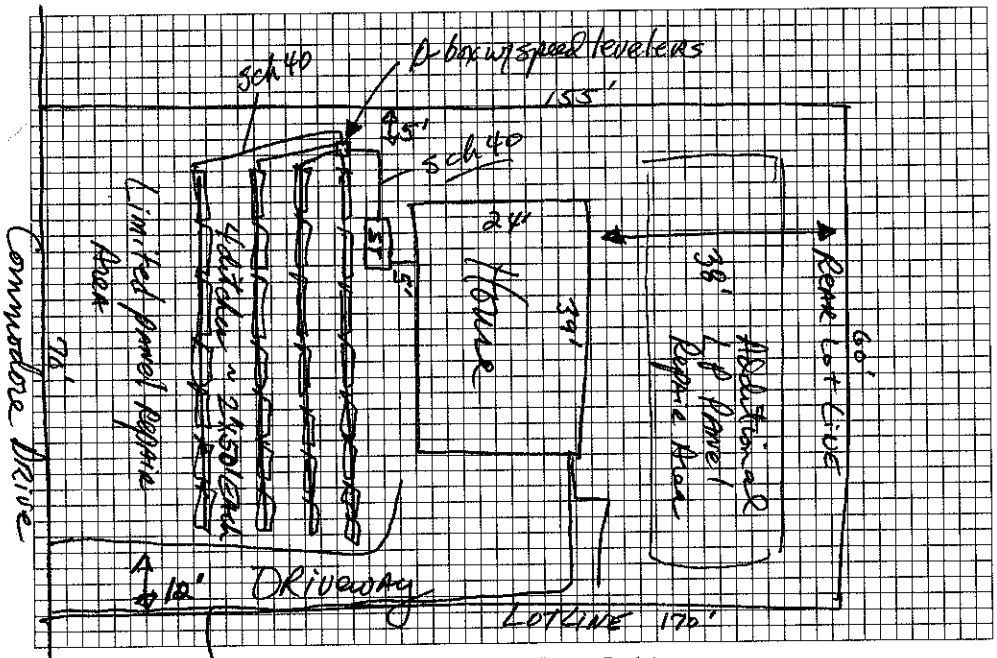
Application Rate .3 gal/ft²/day

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 ☐ gravity flow

CWS Public ☑

Installed by _____

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.)

Waterline to be here

IMPROVEMENT PERMIT BY David R. Hunsucker, RS.

COMMENTS Route water line on right side between driveway and lot line in order to maintain 10' required between septic system and waterline. Follow contour with drainfield. 36" max. trench bottom depth.

CERTIFICATE OF COMPLETION BY _____ DATE _____

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