4636-60-6252

15291

IREDELL COUNTY HEALTH DEPARTMENT

IMPROVEMENT PERMIT AND CERTIFICATE OF COMPLETION / OPERATIONS PERMIT

OWNER OR CONTRACTOR Spear Const. DATE 12/30/92 PERMIT NO. 26-6-A-206

PHONE: Business _____ Home _____

LOCATION Commodore Lp, 1100 TL 1112 TL 1212 ~ .2 mile on ® across from Marlin Pl intersection S.R. No. _____

SUBDIVISION NAME Commodore Peninsula LOT NO. 206 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 70' X 150'

Soil Characteristics P

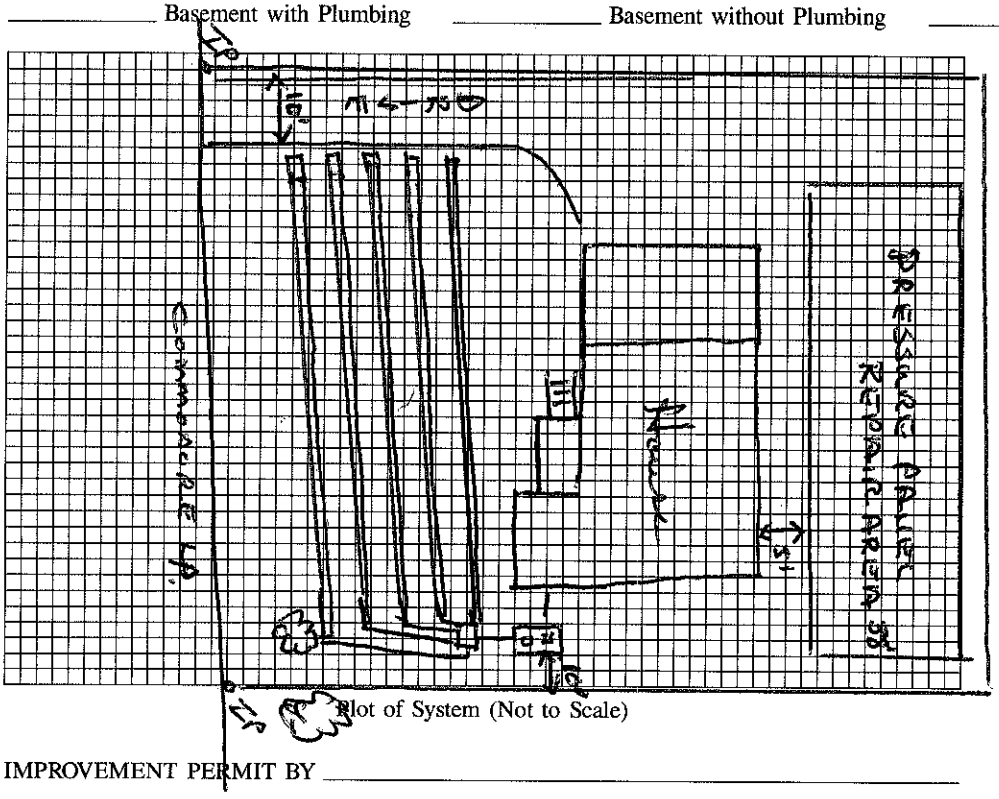
Application Rate P .25

Topography P 6%

Depth to Water Table S > 48"

Rock or other impervious formations None observed

_____ 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 5 @ 50' x 2'

Sq. Ft. — Linear Ft. 250'

Depth of Stone in Lines 6" SAND

Water Supply: Individual ☐ Public ☑ comm supply

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 _____

COMMENTS _____

CERTIFICATE OF COMPLETION BY Wesley Sparks R.S. DATE 12/30/92

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