15291

IREDELL COUNTY HEALTH DEPARTMENT

IMPROVEMENT PERMIT AND CERTIFICATE OF COMPLETION / OPERATIONS PERMIT

OWNER OR CONTRACTOR Spear Const. DATE Oct. 19, '92 PERMIT NO. 92-6-A206

PHONE: Business _____ Home _____

LOCATION 1100 TR 1112 TR 1st R 1212 (Commodore Loop) on right 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 PS clay / SL compacted

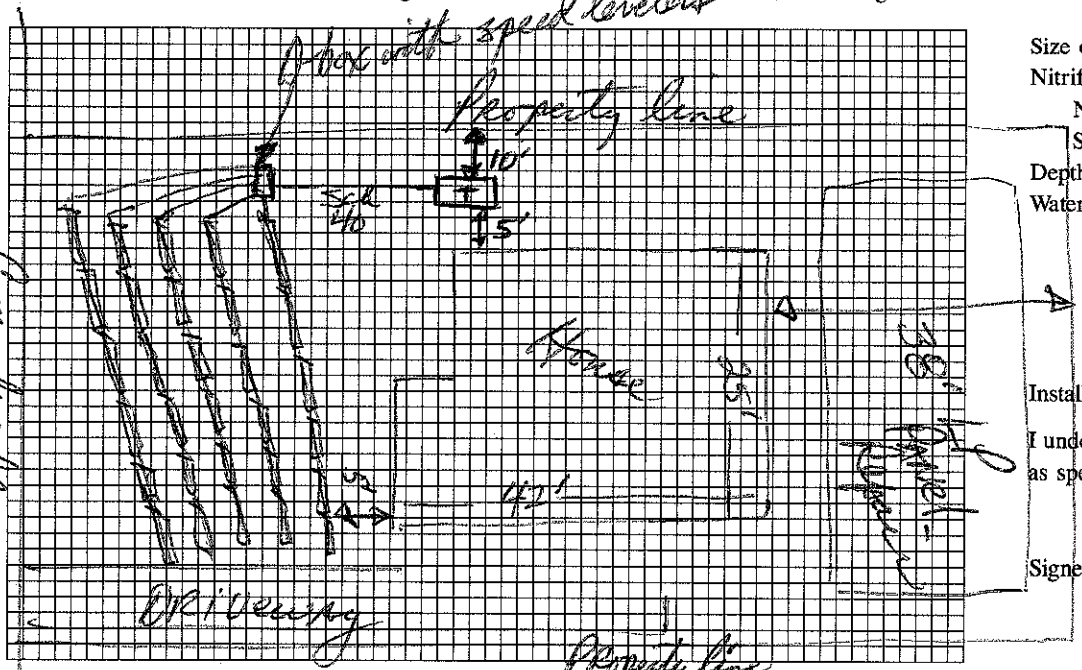
Application Rate ~ .25 gpd/ft²/day

Topography rolling

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 5

Sq. Ft. _____ Linear Ft. 250' of

Depth of Stone in Lines 16" ABS

Water Supply: Individual ☐ Public ☑ CCU

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.)

IMPROVEMENT PERMIT BY D.R. Henson / R.S.

COMMENTS Drainfield area to require removal of fill (approx 1 foot) prior to installation. Application rate lowered to compensate for compaction of soil due to heavy equipment parking in past.

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