14968

IREDELL COUNTY HEALTH DEPARTMENT

IMPROVEMENT PERMIT AND CERTIFICATE OF COMPLETION / OPERATIONS PERMIT

OWNER OR CONTRACTOR Steven A. Moreno DATE July 29, '92 PERMIT NO. 266-A-218

PHONE: Business _____ Home _____

LOCATION 1100 TL 1112 (Stella Rd.) TL 1212 (1st Commodore Drive) on corner lot w/ Pompano Place S.R. No. _____

SUBDIVISION NAME Commodore Peninsula LOT NO. 218 SECTION OR BLOCK NO. _____

House ☑ Mobile Home ☐ Business ☐ Other _____

No. Bedrooms 3 No. Bathrooms 2½

Garbage Disposal Unit Yes ☐ No ☑

Auto. Dishwasher Yes ☑ No ☐

Auto. Wash. Machine Yes ☑ No ☐

Lot Area ≈15,060 ft²

Soil Characteristics P.S clay

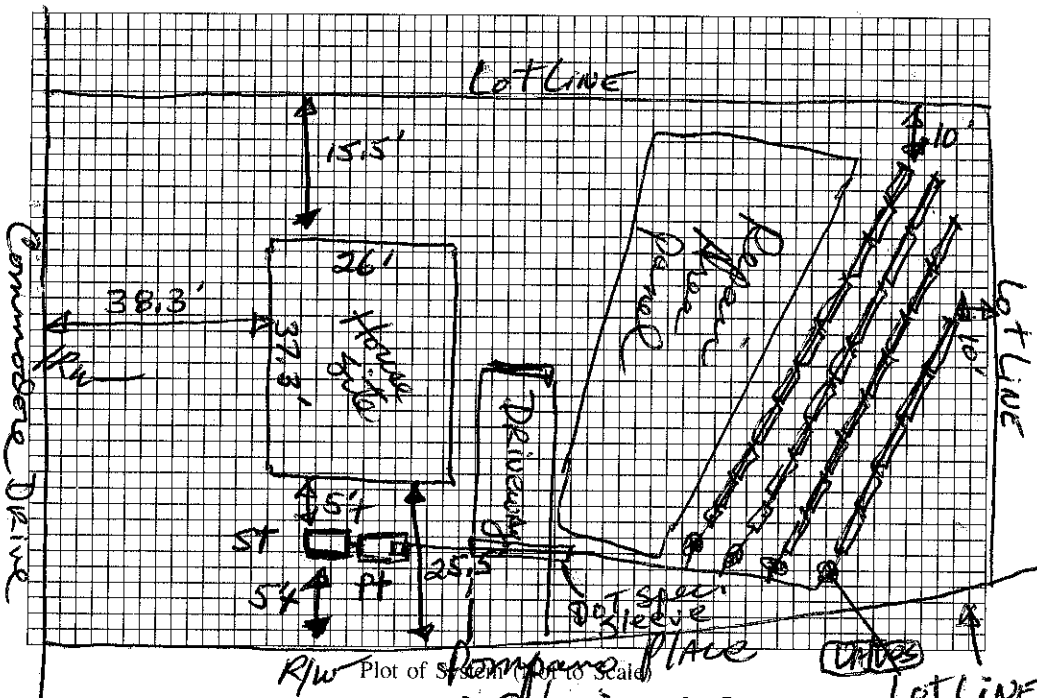
Application Rate .3-.4 gal/ft²/day

Topography ≈4-6%

Depth to Water Table 7'4"

Rock or other impervious formations none obs.

_____ Basement with Plumbing _____ Basement without Plumbing ____✓____ No Basement _____ Crawl Space



Size of Tank ST 1000/1000 PT Gals.

Nitrification Field:

No. of Lines 4-5

Sq. Ft. _____ Linear Ft. 200' of

Depth of Stone in Lines LP 16" ABS

Water Supply: Individual ☐ Public ☑ CW

Installed by _____

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

Signed: Tina Williams

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

Pump specs: 28 gal/min at Approx. 19' total head 2' pressure head

IMPROVEMENT PERMIT BY D.R. Hinson, R.S.

COMMENTS Drainfield area will need slight grading modification to remove old farm pond/terrace. All nitrification lines to follow contour. 36" max trench bottom depth. 1¼" sch 40 laterals, 46 panels total with ONE 3/16" hole per panel located midways & turned up.

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

* Maintenance contract with certified septic system operator required prior to issuance of