9342

4636-70-1095

# IREDELL COUNTY HEALTH DEPARTMENT

## (SEPTIC TANK) IMPROVEMENTS PERMIT AND CERTIFICATE OF COMPLETION
(Ground Absorption Sewage Disposal System – G. S. Chapter 130-Article 13C)

OWNER OR CONTRACTOR C. W. Brewer DATE 6/14/89 PERMIT NO. 21 A

PHONE: Business _____ Home 663-4669

LOCATION 1100 TL Stutts TL 2nd Commodore TL Mainview Dr. TL Osprey. At corner of Mview/Osprey S. R. No. _____

SUBDIVISION NAME Commodore LOT NO. 224 SECTION OR BLOCK NO. _____

House ( ) Mobile Home ( ) Business ( ) Other _____

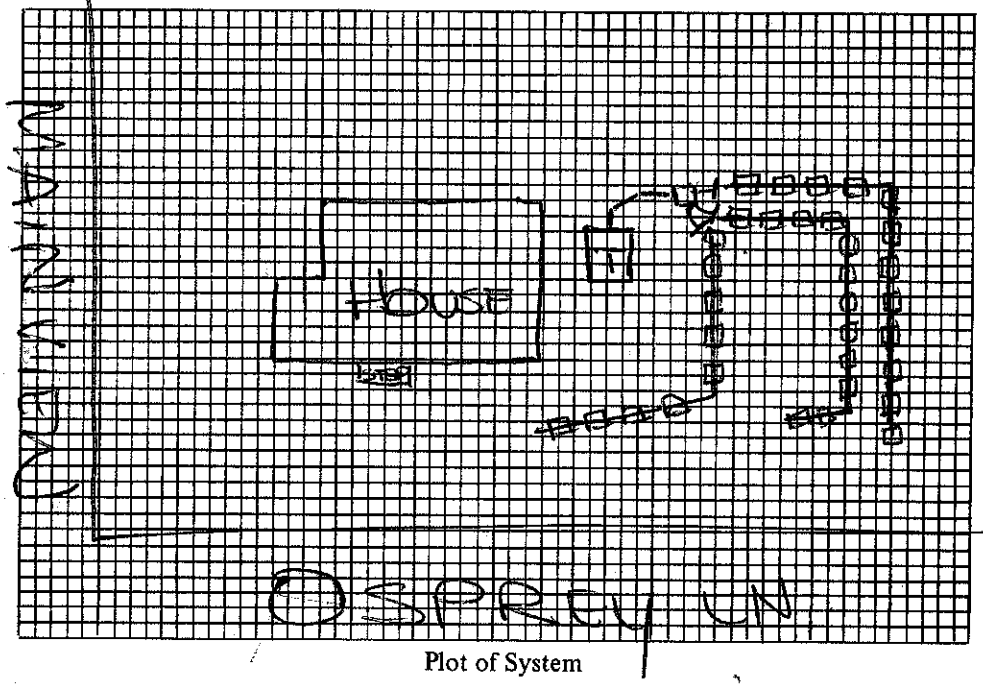
No. Bedrooms 3 No. Bathrooms 2

Garbage Disposal Unit Yes ( ) No (✓)
Auto. Dishwasher Yes (✓) No ( )
Auto. Wash. Machine Yes (✓) No ( )
Site Suitable Yes (✓) No ( )

Character & Porosity of Soil clayey
Percolation Rate .4 - .3 gpd/ft2
Topography 2%
Depth to Water Table 4'+
Rock or other impervious formations none

Lot Area _____

_____ Basement with Plumbing _____ Basement without Plumbing ✓ No Basement




Plot of System

Size of Tank 1000 Gals.
Nitrification Field:
No. of Lines 3
Sq. Ft. _____ Linear Ft. 175' of
Depth of Stone in Lines 16" Trench
Water Supply: Individual ~~(✓)~~ J panels
Public (✓)
Community H2O

Installed by Wayne Orbison

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

Signed: _____

IMPROVEMENTS PERMIT BY Andre C. Pierce

COMMENTS: _____

CERTIFICATE OF COMPLETION BY Andre C. Pierce, R.S. DATE 6/14/89

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 false information is supplied in making Improvements Permit.

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