13760

IREDELL COUNTY HEALTH DEPARTMENT

IMPROVEMENT PERMIT AND CERTIFICATE OF COMPLETION / OPERATIONS PERMIT

4636 70 3525

OWNER OR CONTRACTOR John B. McClain DATE 9/10/92 PERMIT NO. 26-6-A-33

PHONE: Business _____ Home 517-223-3745

LOCATION Commodore Loop, Stutts Rd, TL first entrance, 2nd on (L) past Marina entrance 175 COMMODORE LP. S.R. No. _____

SUBDIVISION NAME Commodore LOT NO. 33 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 20,000FT2

Soil Characteristics P - C

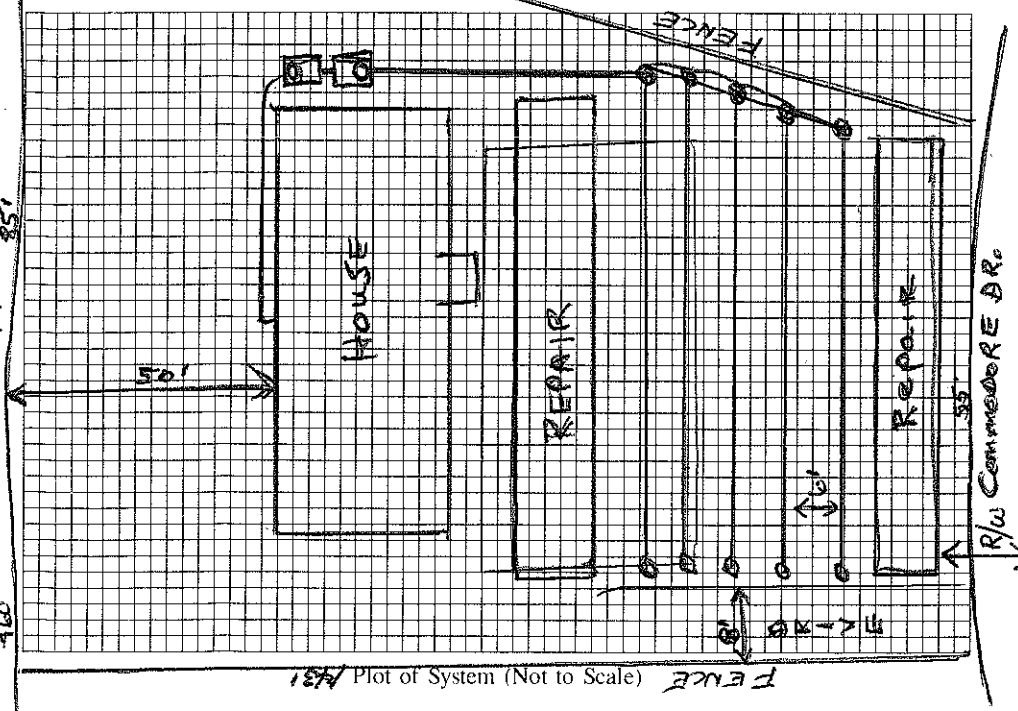
Application Rate P - .4

Topography P - 7%

Depth to Water Table S >48"

Rock or other impervious formations S - None found

_____ Basement with Plumbing -95- ✓ Basement without Plumbing _____ No Basement _____ Crawl Space



Plot of System (Not to Scale)

Size of Tank 1000 - 1000 Gals.

Nitrification Field:

No. of Lines 5@ 40' x 2'

Sq. Ft. _____ Linear Ft. 200*

Depth of ~~Stone~~ in Lines SAND - 6" UNDER

Water Supply: Individual ☐ COMMODORE

Public ☑ SYSTEM

Pressure Dosed Prefab. Permeable Panels

Installed by F T Erwin

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 9/10/92 Everything completed on system. Need Maint. Agreement for Op. Permit issuance.

* OPERATIONS PERMIT

CERTIFICATE OF COMPLETION BY Wesley Sparks RS. DATE 9/18/92

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