1635-1675

IREDELL COUNTY HEALTH DEPARTMENT

13760 (SEPTIC TANK) IMPROVEMENTS PERMIT AND CERTIFICATE OF COMPLETION
(Ground Absorption Sewage Disposal System -- G. S. Chapter 130-Article 13C)

OWNER OR CONTRACTOR John B. McClain (MICHAEL CLARK) DATE 12/4/91 PERMIT NO. 26-6-A-33

PHONE: Business _____ Home 517-223-3745

LOCATION Commodore Peninsula, Stilts Rd, TL at water tank, 1st Lot on (L) after Marina entrance S. R. No. _____

SUBDIVISION NAME Commodore LOT NO. 33 SECTION OR BLOCK NO. _____

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

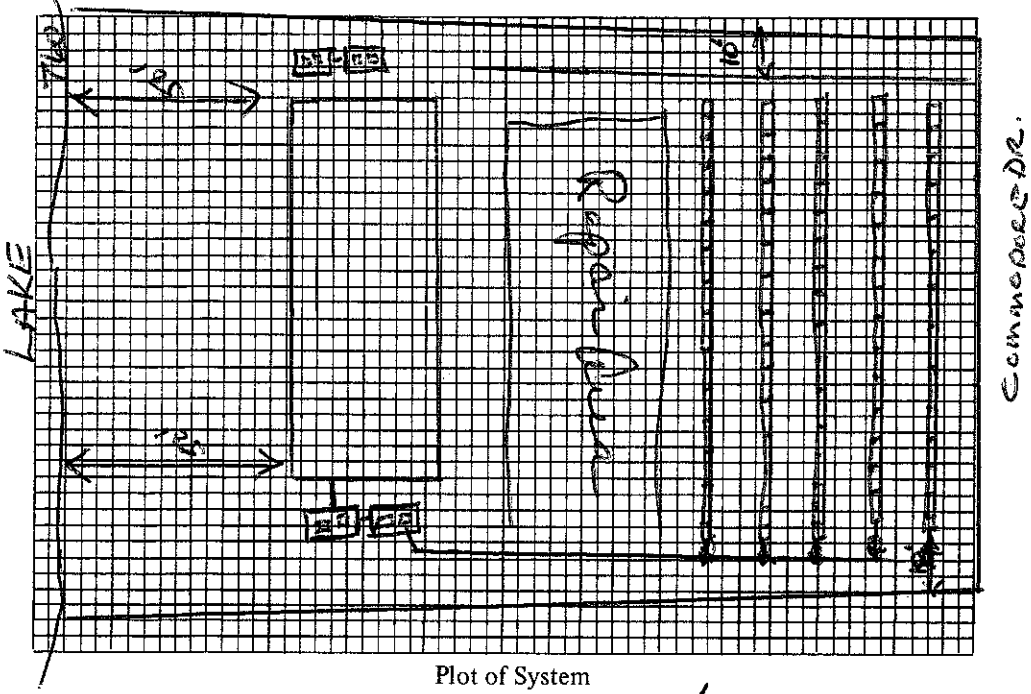
No. Bedrooms 3 No. Bathrooms 2

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

Character & Porosity of Soil P - cl - c
Percolation Rate <4
Topography 2-7%
Depth to Water Table >48"
Rock or other impervious formations No

Lot Area 20,000 FT2

_____ Basement with Plumbing _____ Basement without Plumbing ✓ No Basement



Plot of System

1000 - SEPTIC TANK
Size of Tank 1000 - Pump Tank Gals.
Nitrification Field:
No. of Lines 5 @ 40' x 24"
Sq. Ft. _____ Linear Ft. 200 +
Depth of Stone in Lines 12" STONE
Water Supply: Individual ( )
Public (✓)
X 16" Prefabricated Permeable Panels
Installed by _____

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

Signed: Michael A Clark

IMPROVEMENTS PERMIT BY Wesley Parks R.S.

COMMENTS: Have contractor call H.D. before beginning this Pump-Panel Installation

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 false information is supplied in making Improvements Permit.

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