4636-70-4332

IREDELL COUNTY HEALTH DEPARTMENT

12032

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

OWNER OR CONTRACTOR Michael Dellinger DATE Dec. 12 '90 PERMIT NO. 26-6-1233

PHONE: Business _____ Home _____

LOCATION 1100 TL 1112 TL 1212 ~½ mile on Right (Rt 9, Box 887)

S. R. No. _____

SUBDIVISION NAME Commodore Pen. LOT NO. 233 & 232 SECTION OR BLOCK NO. _____

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

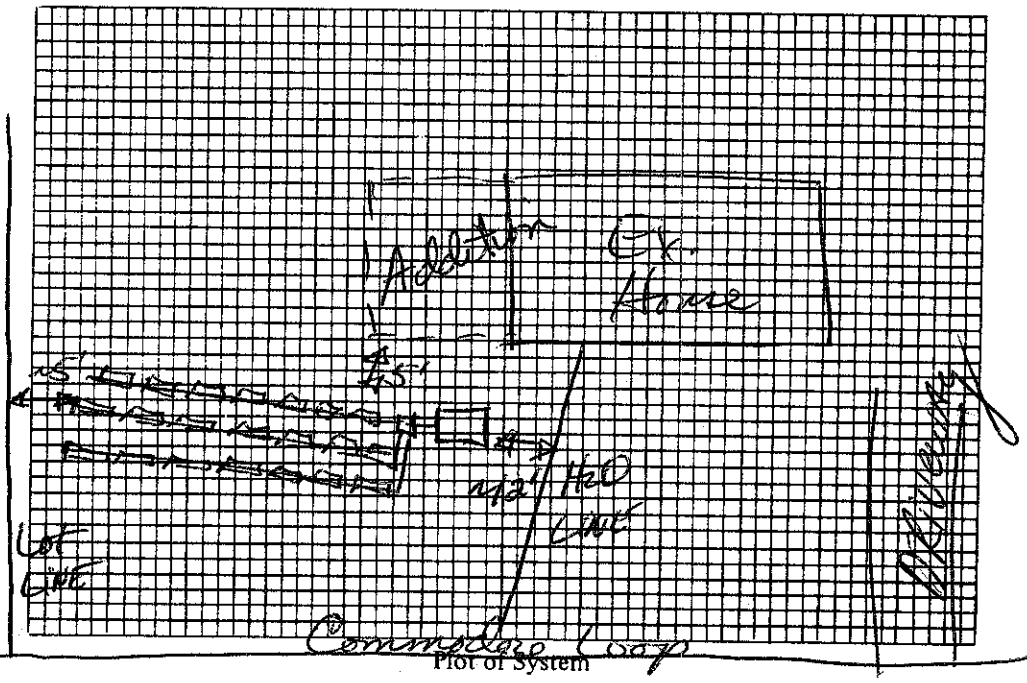
w/Addn.

No. Bedrooms 4 No. Bathrooms 2

Garbage Disposal Unit	Yes ( )	No (✓)	Character & Porosity of Soil	PS clay
Auto. Dishwasher	Yes (✓)	No ( )	Percolation Rate	3
Auto. Wash. Machine	Yes (✓)	No ( )	Topography	2-4%
Site ~~Suitable~~ PS	Yes (✓)	No ( )	Depth to Water Table	6'+
			Rock or other impervious formations	none obs.

Lot Area Existing (~3/4 Ac.)

_____ Basement with Plumbing _____ Basement without Plumbing ____/____ No Basement



Size of Tank 1000 Gals.

Nitrification Field:
No. of Lines 3
Sq. Ft. _____ Linear Ft. 240'
Depth of Stone in Lines 16"

Water Supply: Individual ( ) panels
Public (✓) CW

Installed by Sigmon

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

Signed: _____

IMPROVEMENTS PERMIT BY SCT

COMMENTS: _____

CERTIFICATE OF COMPLETION BY David R. Hinson REHC DATE 12-12-90

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