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 Wilson Fulton DATE 4-22-81 PERMIT NO. 108

PHONE: Business _____ Home _____

LOCATION 1100 ft Rt 1112 Rt 1212 ~1/4 mi on ~~Rt.~~ left S. R. No. _____

SUBDIVISION NAME Commodore Peninsula LOT NO. 34, 35 SECTION OR BLOCK NO. _____

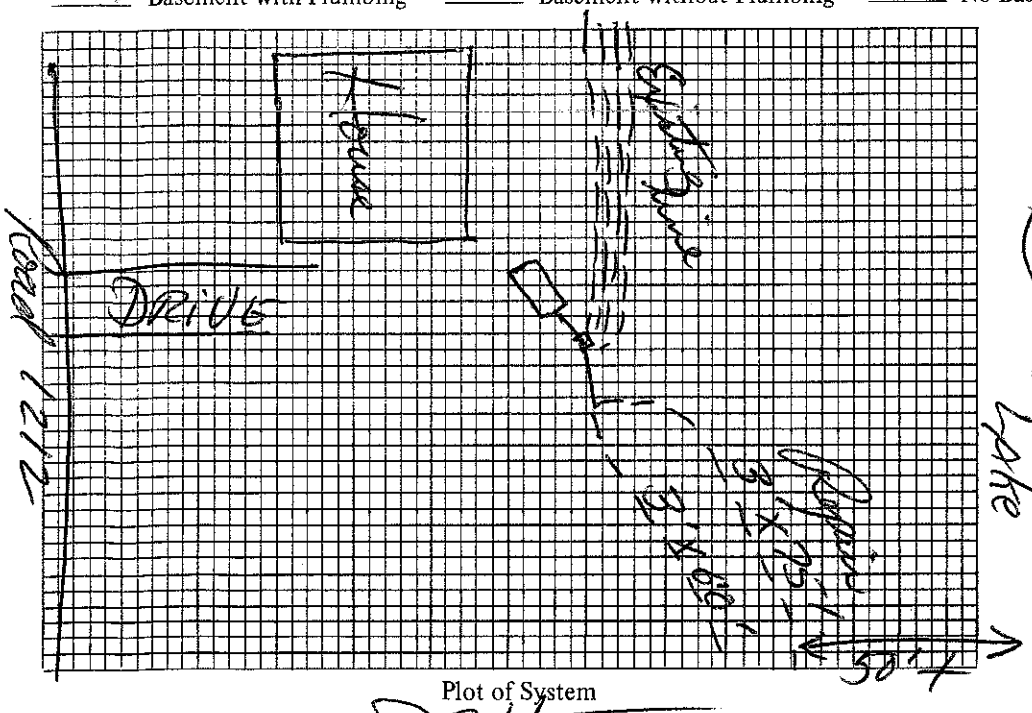
House (✓) Mobile Home ( ) Business ( ) Other Repair

No. Bedrooms 3 No. Bathrooms 2

Garbage Disposal Unit Yes ( ) No (✓)
Auto. Dishwasher Yes ( ) No (✓)
Auto. Wash. Machine Yes (✓) No ( )
Site Suitable Yes (✓) No ( )
Lot Area 3/4 Ac.

Character & Porosity of Soil Clay loam
Percolation Rate 5 Comp.
Topography 6-8% +
Depth to Water Table 6'+
Rock or other impervious formations none obs.

_____ Basement with Plumbing _____ Basement without Plumbing _____ No Basement



Plot of System

Size of Tank Existing Gals.
Nitrification Field:
No. of Lines 2
Sq. Ft. 390 Linear Ft. 130
Depth of Stone in Lines 10"
Water Supply: Individual ( )
Public (✓)

Installed by H J Craven

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

Signed: _____

IMPROVEMENTS PERMIT BY DRT

COMMENTS: _____

CERTIFICATE OF COMPLETION BY David R. Hinson DATE 4-22-81

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

4630704525

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 Wilson Tarlton DATE 11-3-75 PERMIT NO. 245

PHONE: Business _____ Home 536-2681

LOCATION 1100 TL on 1112 TL at water Tank ½ mi on left S. R. No. _____

SUBDIVISION NAME Commodore Peninsula LOT NO. 34 SECTION OR BLOCK NO. _____

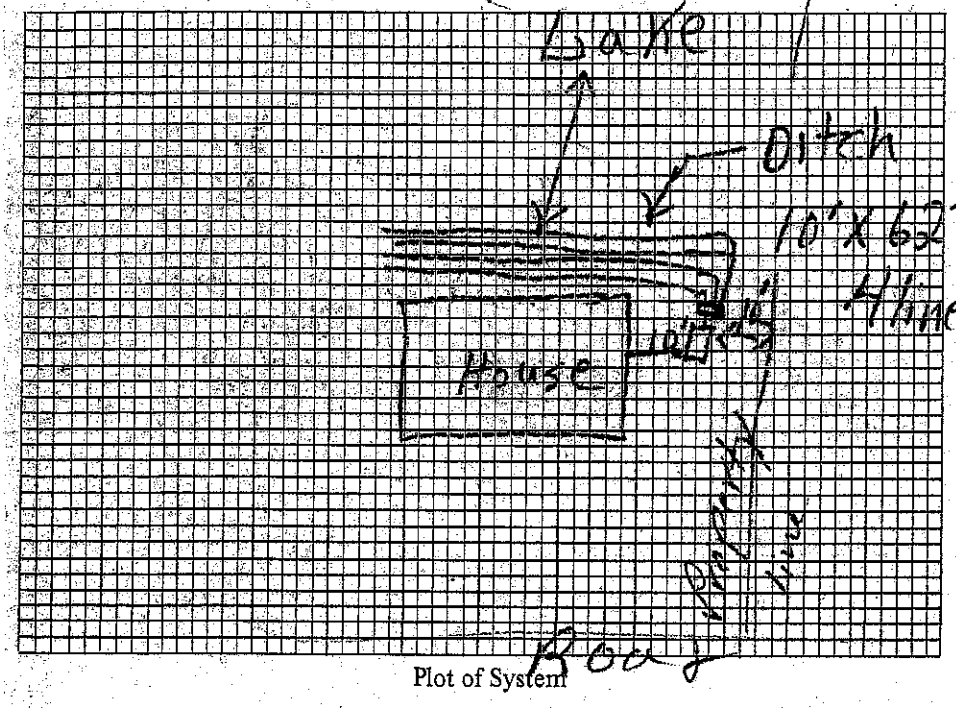
House (✓) Mobile Home ( ) Business ( ) Other _____

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 Sandy clay (Porosity good)
Percolation Rate Soil borings
Topography 2% slope
Depth to Water Table 10'+
Rock or other impervious formations none

Lot Area 15000 sq feet



Plot of System

Size of Tank 1250 Gals.
Nitrification Field:
No. of Lines 4
Sq. Ft. 625 Linear Ft. 250
Depth of Stone in Lines 12"
Water Supply: Individual ( )
Public (✓)

Installed by F. J. Ervin

IMPROVEMENTS PERMIT BY J. C. Moore

COMMENTS: _____

CERTIFICATE OF COMPLETION BY J. C. Moore DATE 11-3-75

CONSTRUCTION MUST COMPLY WITH ALL OTHER APPLICABLE STATE AND LOCAL REGULATIONS.

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