# 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 Barry Mills DATE 8-22-85 PERMIT NO. 364

PHONE: Business _____ Home _____

LOCATION 1100 Rt 1112 Rt 1212 (1st Commodore) Pass Marina, 2nd House on R S. R. No. _____

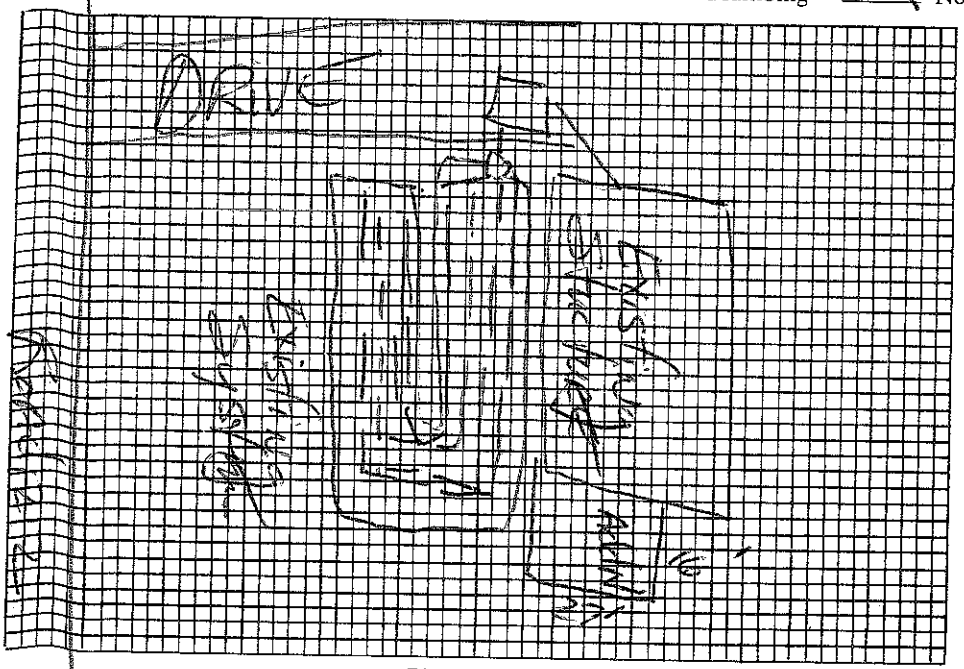
SUBDIVISION NAME Commodore Peninsula LOT NO. 235 SECTION OR BLOCK NO. _____

House (X) Mobile Home ( ) Business ( ) Other 16 x 27 Addition (Great Room + Closet)

No. Bedrooms 3 No. Bathrooms 2

| | | | | | |
|---|---|---|---|---|---|
| Garbage Disposal Unit | Yes ( ) | No (X) | Character & Porosity of Soil | | |
| Auto. Dishwasher | Yes (X) | No ( ) | Percolation Rate | | |
| Auto. Wash. Machine | Yes (X) | No ( ) | Topography | Existing | |
| Site Suitable | Yes (X) | No ( ) | Depth to Water Table | System | |
| Lot Area Existing | | | Rock or other impervious formations | | |

_____ Basement with Plumbing _____ Basement without Plumbing X No Basement




Plot of System

Size of Tank Existing Gals.

Nitrification Field:
No. of Lines Existing
Sq. Ft. _____ Linear Ft. _____
Depth of Stone in Lines _____

Water Supply: Individual ( )
Public (X)

Installed by _____

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

Signed: _____

IMPROVEMENTS PERMIT BY: _____

COMMENTS: Existing System working OK at date of inspection. Owner should not drive over septic tank

CERTIFICATE OF COMPLETION BY _____ DATE _____

EXISTING SYSTEM CHECKED BY: Fred Clemmer DATE 8-22-85

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