4615905119

IREDELL COUNTY HEALTH DEPARTMENT

11406

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

OWNER OR CONTRACTOR Concordia Const. DATE Sept 6, '90 PERMIT NO 20-1-A-187

PHONE: Business _____ Home _____

LOCATION 1100 TR 1236 (Stonemarker) Bear left at forks then immediately back to the right Approx ½ mile on R. S. R. No. _____

SUBDIVISION NAME Stonemarker LOT NO. 10 SECTION OR BLOCK NO. _____

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

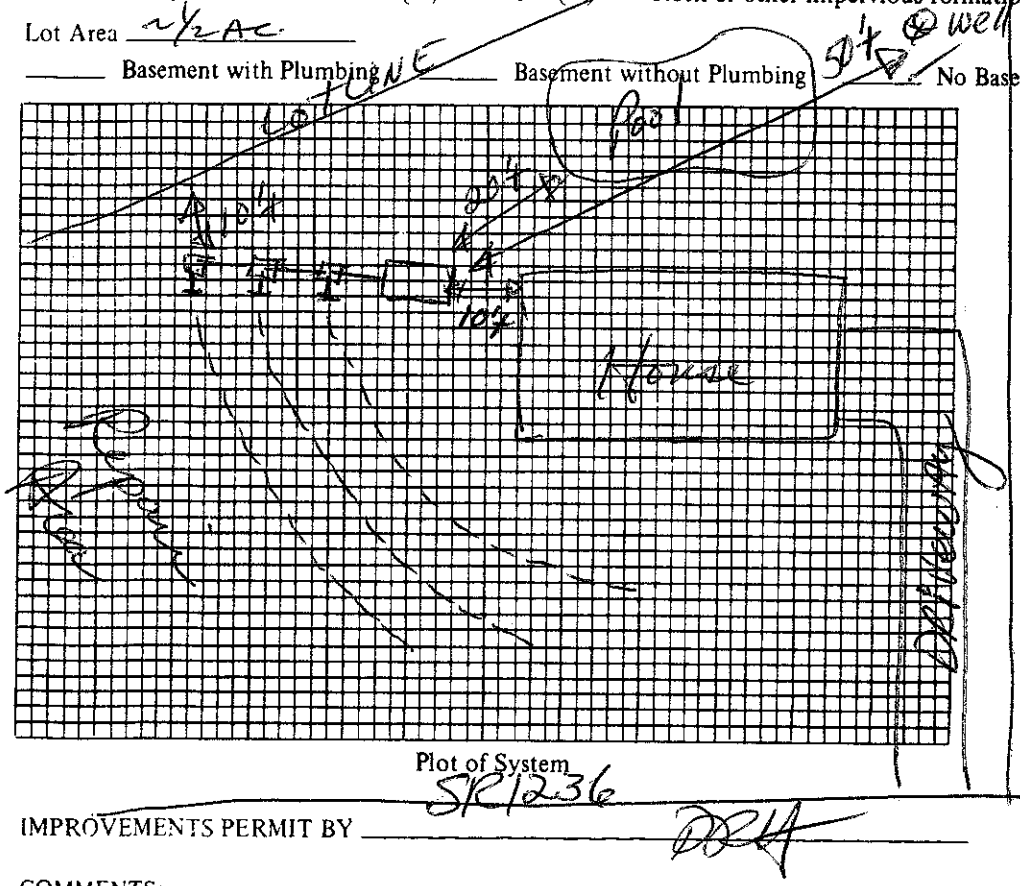
No. Bedrooms 3 No. Bathrooms 2

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

Lot Area ~2½ AC.

Character & Porosity of Soil PS clay
Percolation Rate not done
Topography 4-8%
Depth to Water Table 4'+
Rock or other impervious formations none obs.

_____ Basement with Plumbing NE _____ Basement without Plumbing _____ No Basement



Size of Tank 1000 Gals.
Nitrification Field:
No. of Lines 3
Sq. Ft. 400 Linear Ft. 300
Depth of Stone in Lines 12"
Water Supply: Individual (✓)
Public ( )

Installed by Conkin Septic Tank

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

Signed: _____

IMPROVEMENTS PERMIT BY _____ DRH

COMMENTS: _____

CERTIFICATE OF COMPLETION BY D R Hanson / EHS DATE 9-6-90

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