1:30-2:00

IREDELL COUNTY HEALTH DEPARTMENT

11250

(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 March 22, '90 PERMIT NO. 2C-2-A-19

PHONE: Business _____ Home _____

LOCATION 1100 TR 1101 (Yacht Rd.) TR into Yacht Cove n 1/2 mile on left S. R. No. _____

SUBDIVISION NAME Yacht Cove LOT NO. 19 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 20000 ft²+

Character & Porosity of Soil PS clay

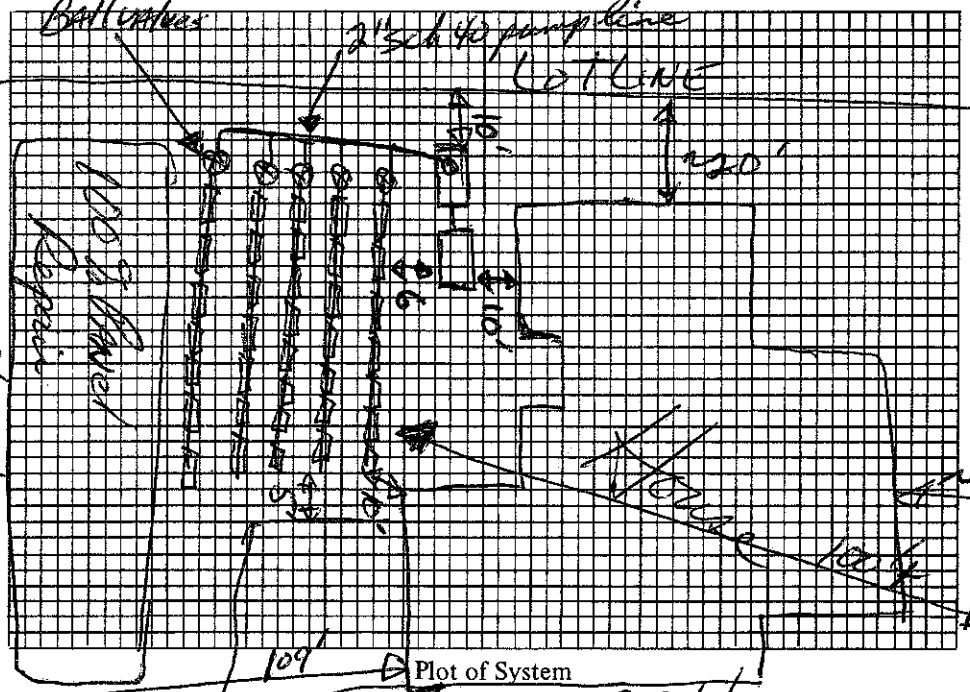
Percolation Rate ~3

Topography ~6%

Depth to Water Table 4'+

Rock or other impervious formations none obs.

_____ Basement with Plumbing _____ Basement without Plumbing ✓ No Basement



Size of Tank 1000 Gals. 1000 p.T.

Nitrification Field:

No. of Lines ~5

Sq. Ft. _____ Linear Ft. 200'±

Depth of Stone in Lines 16" 17" 18"

Water Supply: Individual (✓) panels Public ( ) pressure-dosed

Installed by _____

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

Signed: X J. G. Blaine

Pump Specs: 19 gpm. At 118' TDH

IMPROVEMENTS PERMIT BY _____ DATE _____

COMMENTS: Use 1¼" Sch 40 through panels w/ one 5/32" hole per panel. Follow contour w/ drainfield. Maximum trench bottom depth of 34".

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