09242

IREDELL COUNTY HEALTH DEPARTMENT

4036-84/1005

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

OWNER OR CONTRACTOR Concordia Construction DATE Nov. 22, '89 PERMIT NO. 2K-9-A-115

PHONE: Business _____ Home _____

LOCATION 400 TC 1179 (Canvasback) TR Springfun Drive ~1/4 mile on Right

S. R. No. _____

SUBDIVISION NAME Wallace Head II LOT NO. 115 SECTION OR BLOCK NO. _____

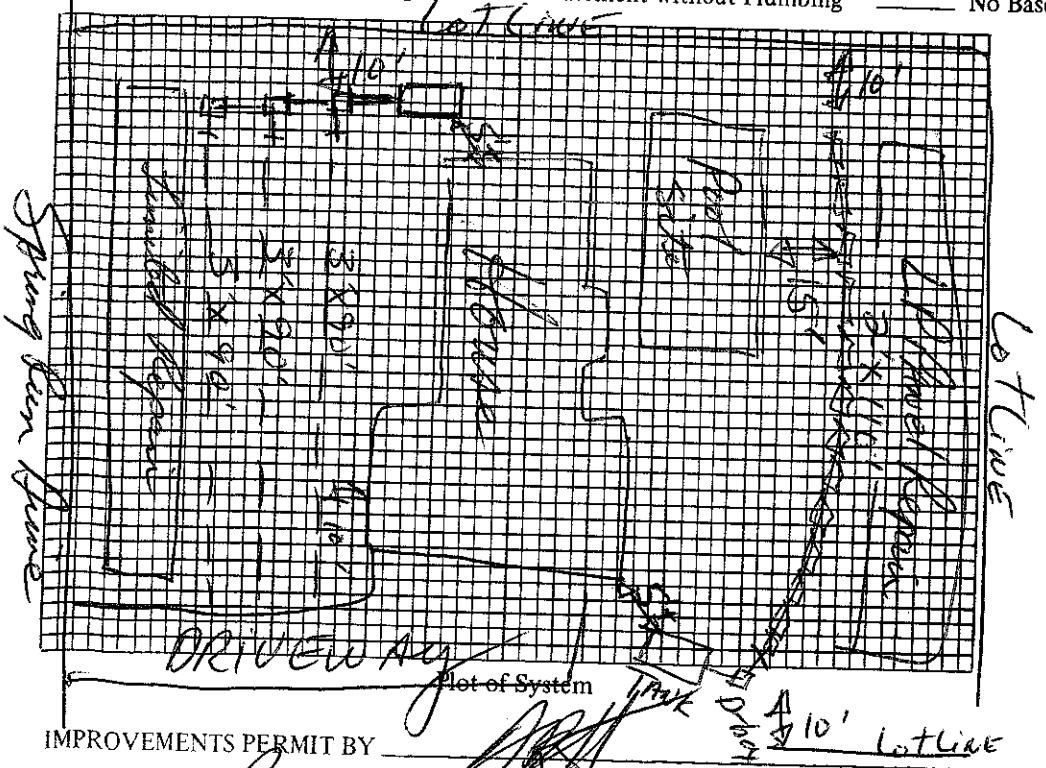
House (✓) Mobile Home ( ) Business ( ) Other _____

No. Bedrooms 4 No. Bathrooms 3½

Garbage Disposal Unit	Yes ( )	No (✓)	Character & Porosity of Soil	clay	
Auto. Dishwasher	Yes (✓)	No ( )	Percolation Rate	.3-.4	
Auto. Wash. Machine	Yes (✓)	No ( )	Topography	6-8%	
Site ~~Suitable~~ PS	Yes (✓)	No ( )	Depth to Water Table	6'	
			Rock or other impervious formations	none obs.	

Lot Area 120' road, 140' Rear, 167'LS, 156'RS

___ Basement with Plumbing ___ Basement without Plumbing ✓ No Basement Front Split System



Size of Tank 1000 Gals.

Nitrification Field:
No. of Lines 3
Sq. Ft. 810 Linear Ft. 270
Depth of Stone in Lines 12"

Water Supply: Individual ( )
Public (✓ CW)

Installed by Rowan Septic Tank

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

Signed: _____

Rear System 1000 gal tank
1 ditch, 2'x110' of 16" T&I panels.

IMPROVEMENTS PERMIT BY _____

COMMENTS: Rear system installed in one panel ditch to leave room for swimming pool. Repair to this system will require pumping. Pipe to the gutter drains. Provide good surface drainage around both system especially.

CERTIFICATE OF COMPLETION BY _____ DATE 4-22-89

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