10394

IREDELL COUNTY HEALTH DEPARTMENT 4637-53-0538

(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 Feb. 8, '90 PERMIT NO. 2K-15-A-6

PHONE: Business _____ Home _____

LOCATION 1100 TR 1250 (Oak Tree Rd.) on Right in sharp left curve at Lake S. R. No. _____

SUBDIVISION NAME Timberlane Shores LOT NO. 6 SECTION OR BLOCK NO. _____

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

No. Bedrooms 3 No. Bathrooms 2-3

Garbage Disposal Unit	Yes ( )	No (✓)	Character & Porosity of Soil	ps clay
Auto. Dishwasher	Yes (✓)	No ( )	Percolation Rate	1.35
Auto. Wash. Machine	Yes (✓)	No ( )	Topography	10-15%
Site Suitable-PS	Yes ( )	No ( )	Depth to Water Table	4ft
			Rock or other impervious formations	none obs.

Lot Area 20000ft²+

_____ Basement with Plumbing _____ Basement without Plumbing ✓ No Basement

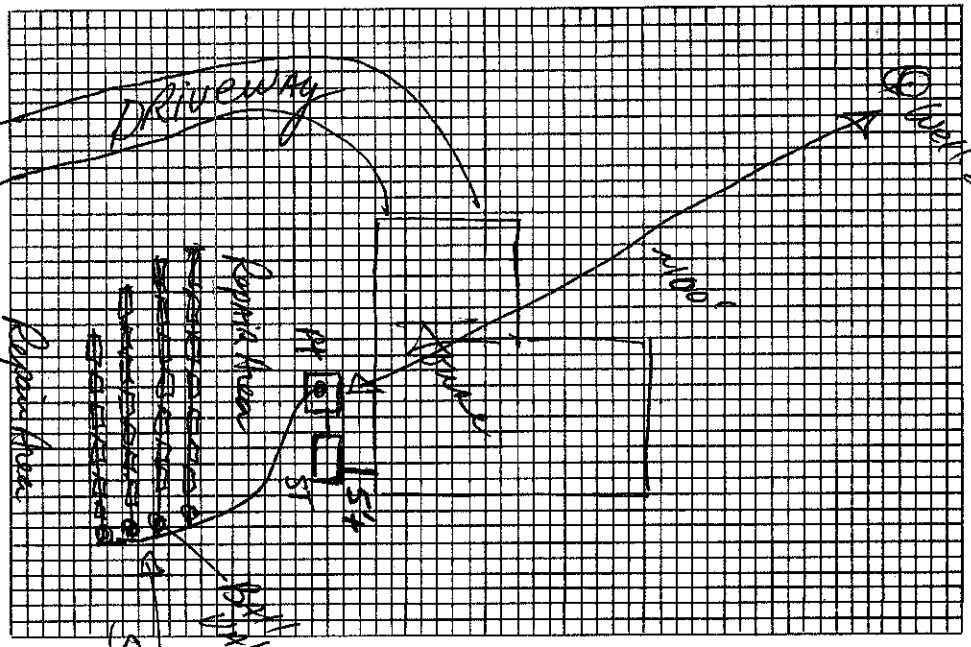
1000 p.T.

Size of Tank 1000 Gals.

Nitrification Field:
No. of Lines 4
Sq. Ft. _____ Linear Ft. 180'ea
Depth of Stone in Lines 16" ea

Water Supply: Individual ( ) Public ( )

panels pressure dosed



Plot of System

Installed by Rowan Septic TANK

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

Signed: _____

IMPROVEMENTS PERMIT BY DRH

COMMENTS: Alarm tested & working, but not mounted yet in home.

Operation Permit

CERTIFICATE OF COMPLETION BY DR Hinson, EHS DATE 2-8-90

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