10394

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 Concordia Construction DATE Sept. 8, 89 PERMIT NO. 2K-15-A-6

PHONE: Business _____ Home _____

LOCATION 1100 TR 1750 (Oak Tree Rd.) left in sharp curve immediately on Right 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 (✓)	
Auto. Dishwasher	Yes (✓)	No ( )	
Auto. Wash. Machine	Yes (✓)	No ( )	
Site ~~Suitable~~ PS	Yes ( )	No ( )	

Lot Area 20000 ft²

Character & Porosity of Soil clay

Percolation Rate 2.35

Topography 10-15% complex & limited space

Depth to Water Table 4'+

Rock or other impervious formations none obs.

_____ Basement with Plumbing _____ ~~Basement without Plumbing~~ _____ No Basement

1000 p.T.

Size of Tank 1000 Gals.

Nitrification Field:

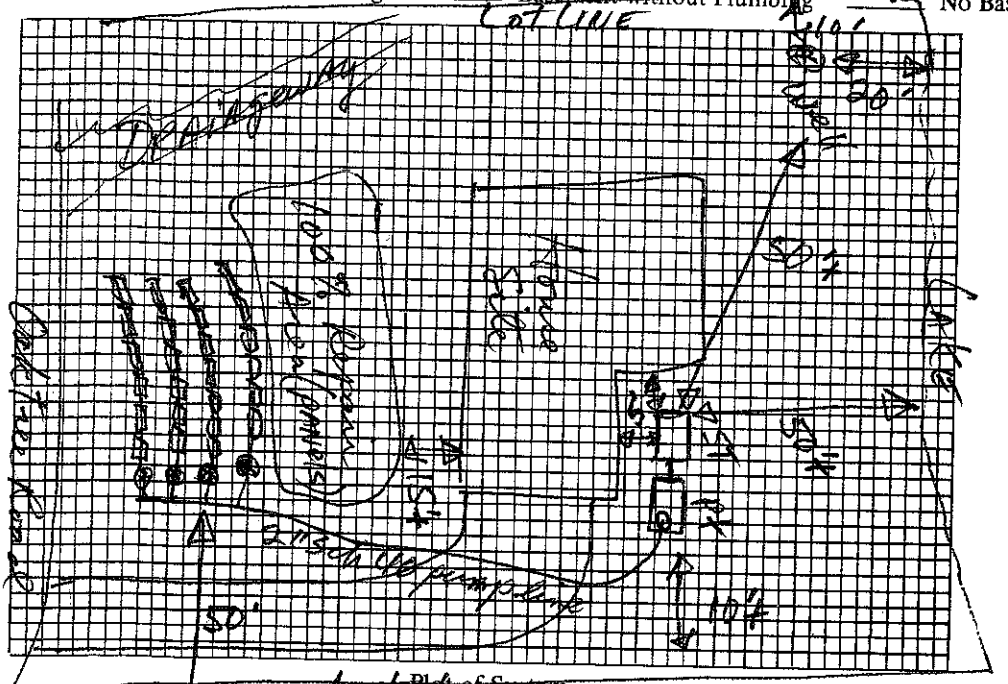
No. of Lines 4

Sq. Ft. _____ Linear Ft. 180'

Depth of Stone in Lines 16" Typ.

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: L. G. Blanks

IMPROVEMENTS PERMIT BY Neighborswell Jack R. Hanson, RS.

COMMENTS: Follow contour. 36" maximum trench bottom. Use ONE 5/32" hole per panel; Two foot pressure head per ditch. Dose approx 150 gal per cycle (7"-8" stroke on pump float). Pump specs: 17 gal/min at approx. 38' TDH.

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