4645-26-2957

09385

IREDELL COUNTY HEALTH DEPARTMENT

(SEPTIC TANK) IMPROVEMENTS PERMIT AND CERTIFICATE OF COMPLETION

(Ground Absorption Sewage Disposal System -- G. S. Chapter 130-Article 13C)

Greg & Paige Hall

OWNER OR CONTRACTOR Concordia Construction DATE March 27, 89 PERMIT NO. _____

PHONE: Business _____ Home _____

LOCATION: 1206 (Alcove) TR 1108 (Templeton) Bear Left on 1181 (Camino Real) TR Queens Circle TR Town Dr. on Rt. S. R. No. _____

SUBDIVISION NAME Queens Cove LOT NO. 130 SECTION OR BLOCK NO. _____

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

No. Bedrooms 3 No. Bathrooms 2½

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

Character & Porosity of Soil Clay

Percolation Rate 103

Topography 6-8%

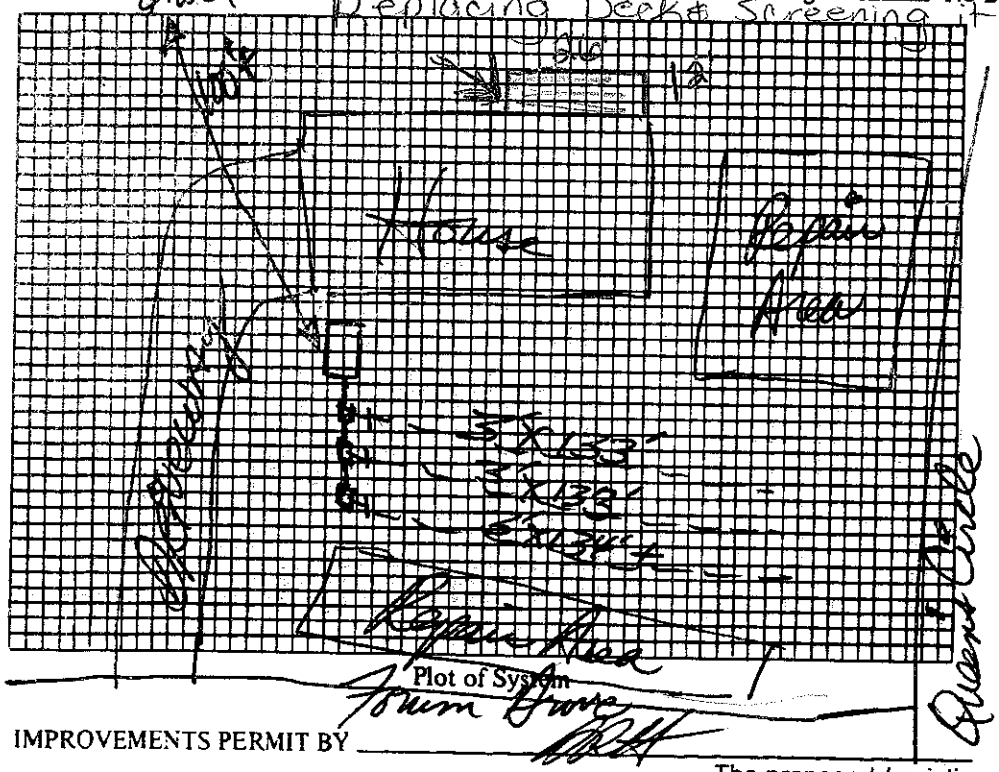
Depth to Water Table 4'+

Rock or other impervious formations more Obs.

Lot Area 2.15 Ac.

_____ Basement with Plumbing _____ Basement without Plumbing ✓ No Basement

Replacing Deck & Screening in



Size of Tank 1000 Gals.

Nitrification Field:

No. of Lines 3

Sq. Ft. 1200 Linear Ft. 400+

Depth of Stone in Lines 12"

Water Supply: Individual (✓)

Public ( )

Installed by Rowan Septic Tk.

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

Signed: _____

IMPROVEMENTS PERMIT BY _____

COMMENTS: _____

The proposed / existing Decks Screen Room addition does not appear to impact the existing septic system.

**NOTE: _____

Maria D Stowe R.S.

Date: 12/2/2009

ICHD-Environmental Health Division

CERTIFICATE OF COMPLETION BY _____ DATE 3-27-89

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