IREDELL COUNTY HEALTH DEPARTMENT 4646062701

09677

(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. 1, '89 PERMIT NO. 2K-18-A-23

PHONE: Business _____ Home _____

LOCATION 1100 TL 1179 TL Turnberry on Right near end S. R. No. _____

SUBDIVISION NAME St. Andrews Village LOT NO. 23 SECTION OR BLOCK NO. _____

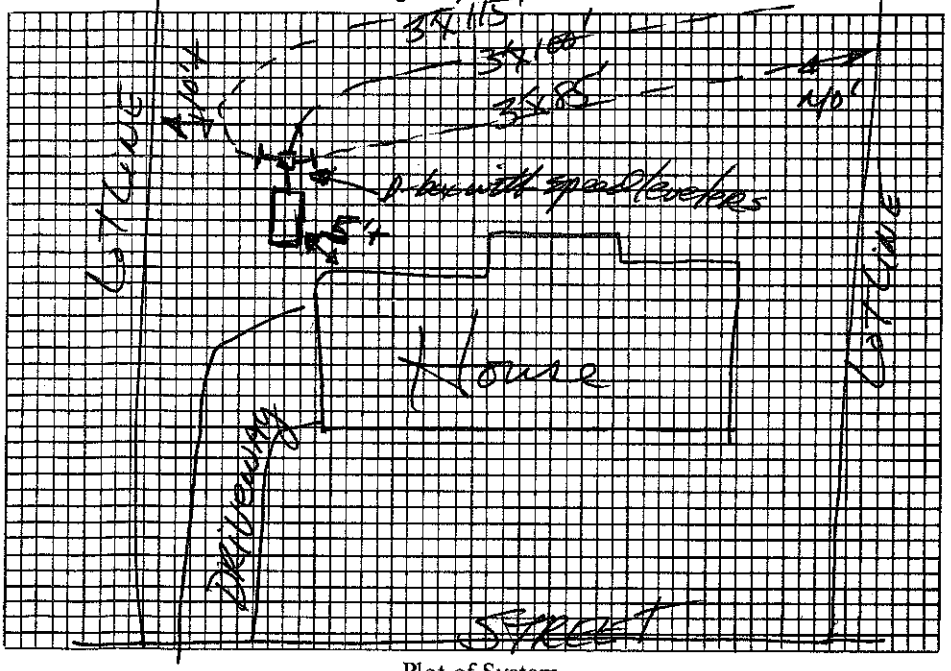
House (✓) Mobile Home ( ) Business ( ) Other _____

No. Bedrooms 3 No. Bathrooms 3

Garbage Disposal Unit	Yes ( )	No (✓)	Character & Porosity of Soil	clay	
Auto. Dishwasher	Yes (✓)	No ( )	Percolation Rate	40	
Auto. Wash. Machine	Yes (✓)	No ( )	Topography	2-4%	
Site ~~Suitable~~/S	Yes (✓)	No ( )	Depth to Water Table	4'	
			Rock or other impervious formations	none obs.	

Lot Area 125'X175'

_____ Basement with Plumbing Repair Area _____ Basement ~~without~~ Plumbing ✓ No Basement



Plot of System

Size of Tank 1000 Gals.

Nitrification Field:
No. of Lines 3
Sq. Ft. 900 Linear Ft. 300
Depth of Stone in Lines 12"

Water Supply: Individual ( )
Public (✓ CW

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: _____

CERTIFICATE OF COMPLETION BY _____ DATE 11-1-89

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