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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 Const. DATE May 21 '90 PERMIT NO 2K-18-A-16

PHONE: Business _____ Home _____

LOCATION 1100 TL 1179 TL Turnberry near end on left

S. R. No. _____

SUBDIVISION NAME St. Andrews Village LOT NO. 16 SECTION OR BLOCK NO. _____

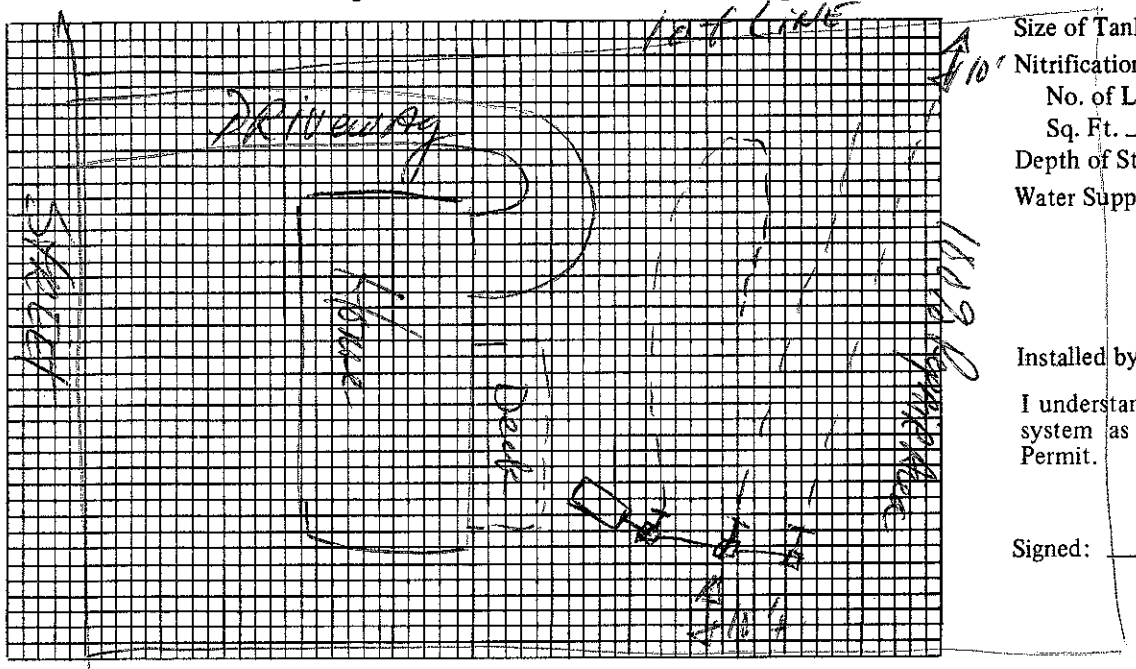
House (✓) Mobile Home ( ) Business ( ) Other _____

No. Bedrooms 3 No. Bathrooms 2½

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

Lot Area 100'x240'

_____ Basement with Plumbing _____ 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 Tank

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

Signed: _____

IMPROVEMENTS PERMIT BY DRH

COMMENTS: House design (garage/driveway) changed without prior notification.

CERTIFICATE OF COMPLETION BY D R Hinson / EHS DATE 5-21-90

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