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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 25, 1990 PERMIT NO. 4D-2-A-14

PHONE: Business ______ Home ______

LOCATION 115-21N- TR 2383 (Shinnville Rd.) ~ 1½ mi TL into Springdale at end on right S. R. No. ______

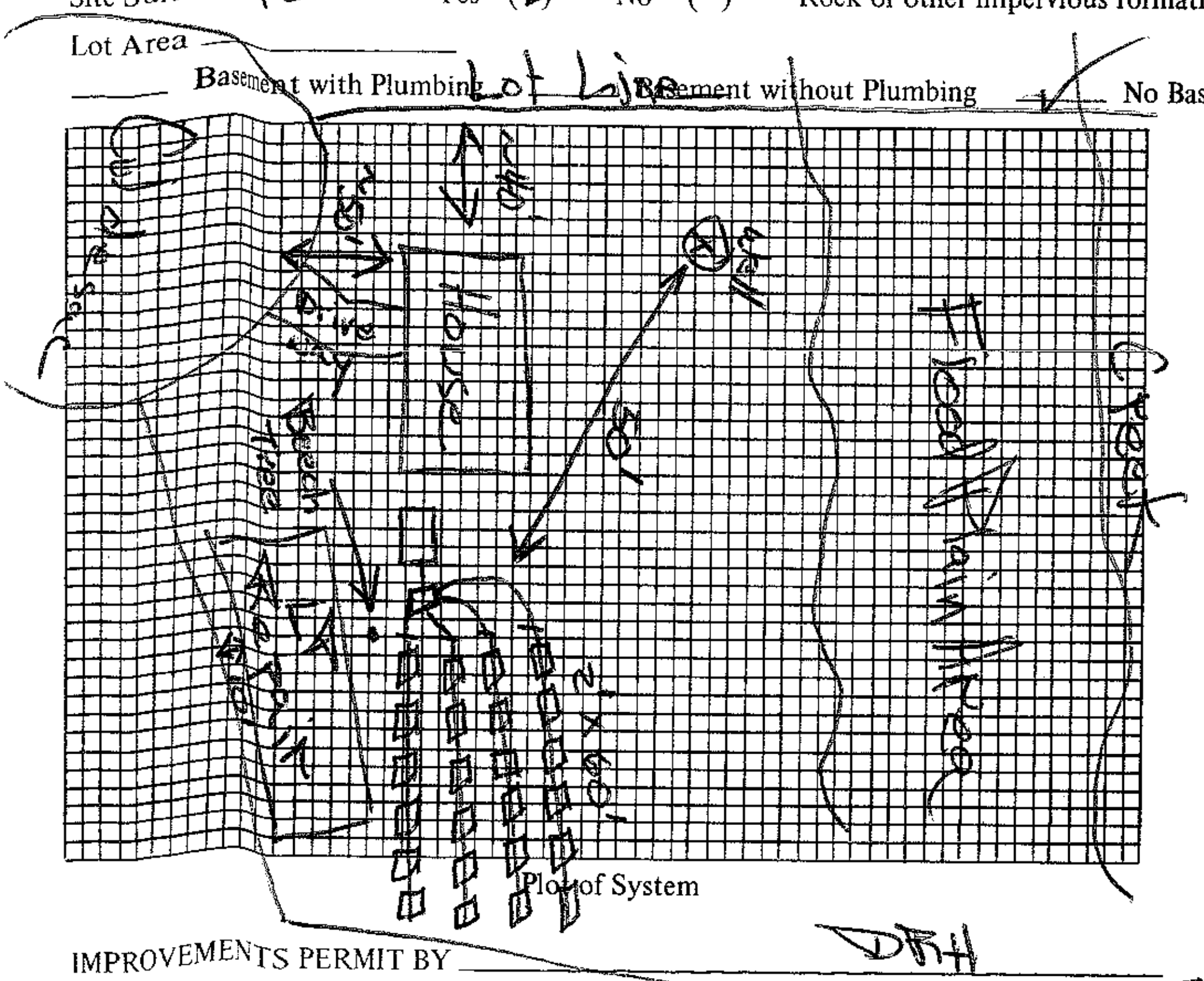
SUBDIVISION NAME Springdale LOT NO. 14 SECTION OR BLOCK NO. ______

House (✓) Mobile Home ( ) Business ( ) Other ______ Area of drainfield

No. Bedrooms 3	No. Bathrooms 2		Character & Porosity of Soil	Clay
Garbage Disposal Unit	Yes ( )	No (✓)	Percolation Rate	~.35
Auto. Dishwasher	Yes (✓)	No ( )	Topography	2-4% complex topo outside boundary
Auto. Wash. Machine	Yes (✓)	No ( )	Depth to Water Table	4'+
Site ~~Suitable~~ PS	Yes (✓)	No ( )	Rock or other impervious formations	none

Lot Area ______

______ Basement with Plumbing ______ Basement without Plumbing ✓ No Basement



Plot of System

Size of Tank 1000 Gals.

Nitrification Field:
No. of Lines 3
Sq. Ft. ______ Linear Ft. 180%
Depth of Stone in Lines ≥ 16"
Water Supply: Individual (✓) T & J
Public ( ) Panel

Installed by ______

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

Signed: ______

IMPROVEMENTS PERMIT BY DRH

COMMENTS: Lot Line

CERTIFICATE OF COMPLETION BY Sam Ingram EHS DATE May 29, 1990

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