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IREDELL COUNTY HEALTH DEPARTMENT

12894

(SEPTIC TANK) IMPROVEMENTS PERMIT AND CERTIFICATE OF COMPLETION
(Ground Absorption Sewage Disposal System -- G. S. Chapter 130-Article 13C)

OWNER OR CONTRACTOR Paul Mark Williams DATE June 6, '91 PERMIT NO. 40-2-A-24

PHONE: Business ______ Home ______

LOCATION 115-21N. TR 2383 (Shannonville Rd.) 1½-2 miles TL into Springdale, on left S. R. No. ______

SUBDIVISION NAME Springdale LOT NO. 24 SECTION OR BLOCK NO. ______

DW

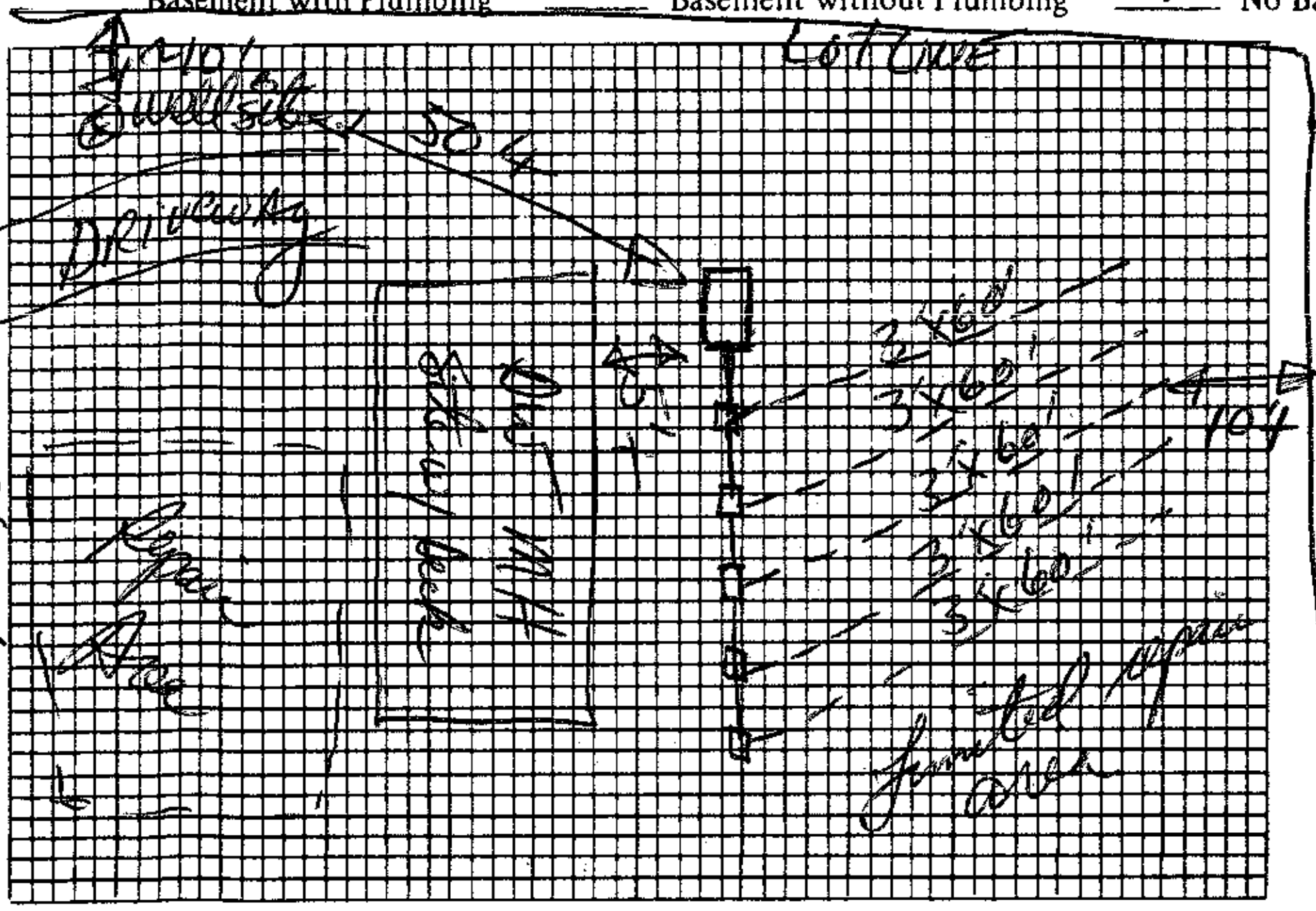
House ( ) Mobile Home (✓) Business ( ) Other ______

No. Bedrooms 3 No. Bathrooms 2

Garbage Disposal Unit	Yes ( )	No (✓)	Character & Porosity of Soil	ps clay
Auto. Dishwasher	Yes (✓)	No ( )	Percolation Rate	.4 at 24"
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 20000 ft²

______ Basement with Plumbing ______ Basement without Plumbing ✓ No Basement



Plot of System

Size of Tank 1000 Gals.

Nitrification Field:

No. of Lines 5

Sq. Ft. 900 Linear Ft. 300

Depth of Stone in Lines 12"

Water Supply: Individual (✓)

Public ( )

Installed by Orbison

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

Signed: ______

IMPROVEMENTS PERMIT BY DRH

COMMENTS: Provide good landscaping, surface drainage around septic system area.
Well not installed yet.

CERTIFICATE OF COMPLETION BY David R. Hinson, RS, EHC DATE 6/6/91

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