04429

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 CLYDE HALL ENTERPRISES DATE 6-13-86 PERMIT NO. _____

PHONE: Business _____ Home _____

LOCATION Old Mtn. Rd. north of I40 approx. 1.5 miles past Bradfords X Rds. on (R) - Enter dev. - 200 yards on left. S. R. No. _____

SUBDIVISION NAME HALLMARK ESTATES LOT NO. 6 SECTION OR BLOCK NO. _____

DOUBLEWIDE

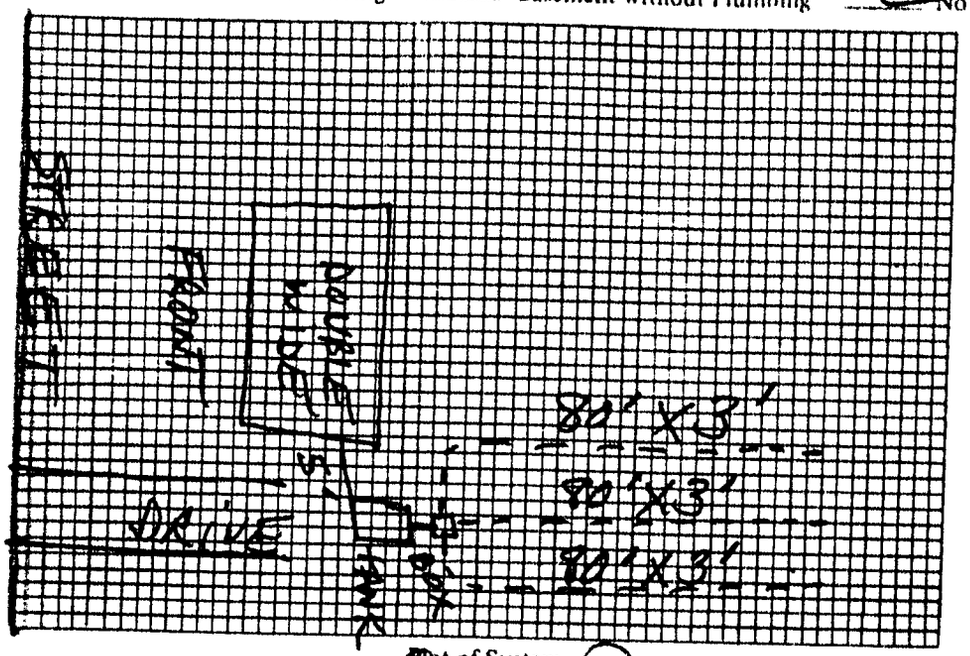
House ( ) Mobile Home ( ) Business ( ) Other _____

No. Bedrooms 3 No. Bathrooms 1.5

Garbage Disposal Unit Yes ( ) No (✓)
Auto. Dishwasher Yes (✓) No ( )
Auto. Wash. Machine Yes (✓) No ( )
Site Suitable Yes (✓) No ( )
Lot Area Ample

Character & Porosity of Soil Prov. Suitable.
Percolation Rate 5 min/1" 10 ft.
Topography 2-6%
Depth to Water Table 12'+
Rock or other impervious formations none observed.

_____ Basement with Plumbing _____ Basement without Plumbing (✓) No Basement



Plot of System

Size of Tank 1000 Gals.
Nitrification Field:
No. of Lines 3
Sq. Ft. 720 Linear Ft. 240
Depth of Stone in Lines 12
Water Supply: Individual ( )
Public (✓)

Installed by Rowan Septic Tank Co.

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

Signed: _____

IMPROVEMENTS PERMIT BY Steve Brown

COMMENTS: Do not drive or park over S.T. system.

CERTIFICATE OF COMPLETION BY Steve Brown DATE 6-13-86.

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