03584

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 10-15-85 PERMIT NO. _____

PHONE: Business _____ Home _____

LOCATION old Mtn. Rd. north of Bradfords X Rds approx. 1.5 miles on (1). Enter dev. - lot on (1) at corner by woods.

SUBDIVISION NAME HALLMARK ESTATES LOT NO. 28 S. R. No. _____ SECTION OR BLOCK NO. _____

House ( ) Mobile Home (4) DOUBLEWIDE Business ( ) Other _____

No. Bedrooms 3 No. Bathrooms 1-2

Garbage Disposal Unit Yes ( ) No (4)

Auto. Dishwasher Yes (4) No ( )

Auto. Wash. Machine Yes (4) No ( )

Site Suitable Yes (4) No ( )

Lot Area Ample

Character & Porosity of Soil Prov. Suitable.

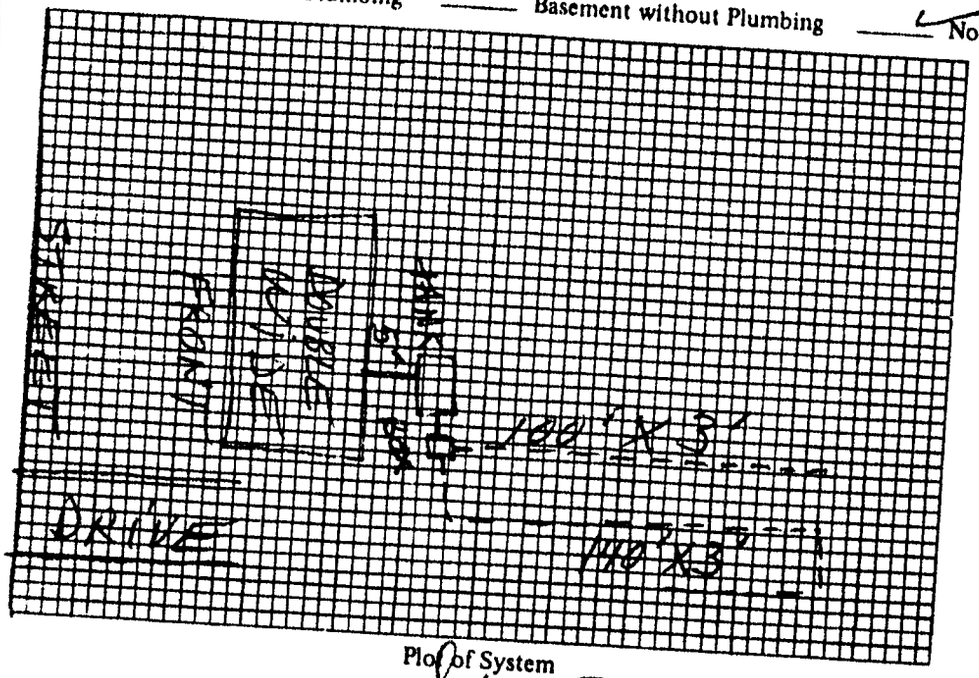
Percolation Rate 5 gal./sq. ft.

Topography 2-6%

Depth to Water Table 10'+

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 2

Sq. Ft. 720 Linear Ft. 240

Depth of Stone in Lines 12"

Water Supply: Individual ( )

Public (4)

Installed by Rowan Septic Tanks.

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

Signed: _____

IMPROVEMENTS PERMIT BY Steve Brown

COMMENTS: _____

CERTIFICATE OF COMPLETION BY Steve Brown

EXISTING SYSTEM CHECKED BY: _____ DATE 10-15-85

CONSTRUCTION MUST COMPLY WITH ALL OTHER APPLICABLE STATE AND LOCAL REGULATIONS. DATE _____

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