12947.

IREDELL COUNTY HEALTH DEPARTMENT

40821

(SEPTIC TANK) IMPROVEMENTS PERMIT AND CERTIFICATE OF COMPLETION

(Ground Absorption Sewage Disposal System -- G. S. Chapter 130-Article 13C)

OWNER OR CONTRACTOR JOHN KINCAID DATE 9-5-91 PERMIT NO. 853-A-17

PHONE: Business _____ Home _____

LOCATION Old Mtn. Rd. north of I-40 W-go approx. one mile past Bradfords Rds. on R. Enter driv-go to cul-de-sac. S. R. No. _____

SUBDIVISION NAME HALLMARK ESTATES. LOT NO. 17. SECTION OR BLOCK NO. _____

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

No. Bedrooms 3 No. Bathrooms 2

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.

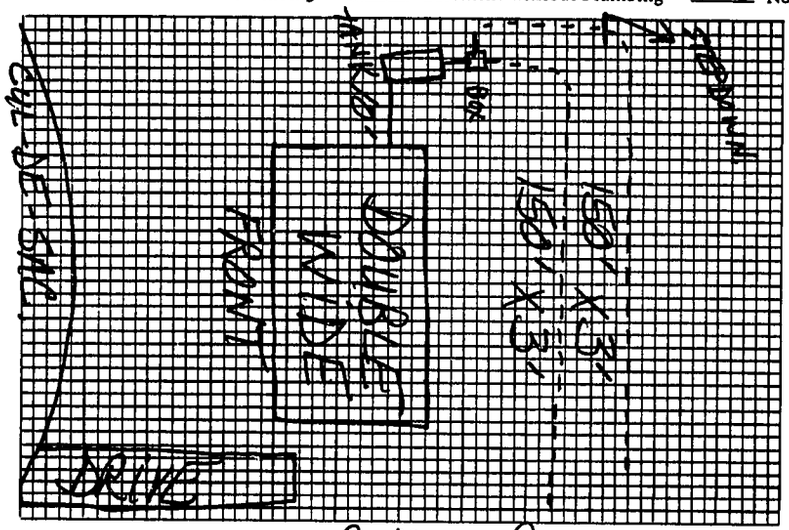
Percolation Rate Apl. 1/2 sq. ft.

Topography 2-5%

Depth to Water Table 18+

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. 900 Linear Ft. 300

Depth of Stone in Lines 24

Water Supply: Individual ( )
Public (✓)

Installed by George Kirkpatrick Southern Septic Tank.

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 DATE 9-5-91.

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