09677

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 Construction DATE Nov. 1, '89 PERMIT NO. 2K-18-A-23

PHONE: Business ______ Home ______

LOCATION 1100 TR 1179 TR Turnberry on Right near end S. R. No. ______

SUBDIVISION NAME St. Andrew's Village LOT NO. 23 SECTION OR BLOCK NO. ______

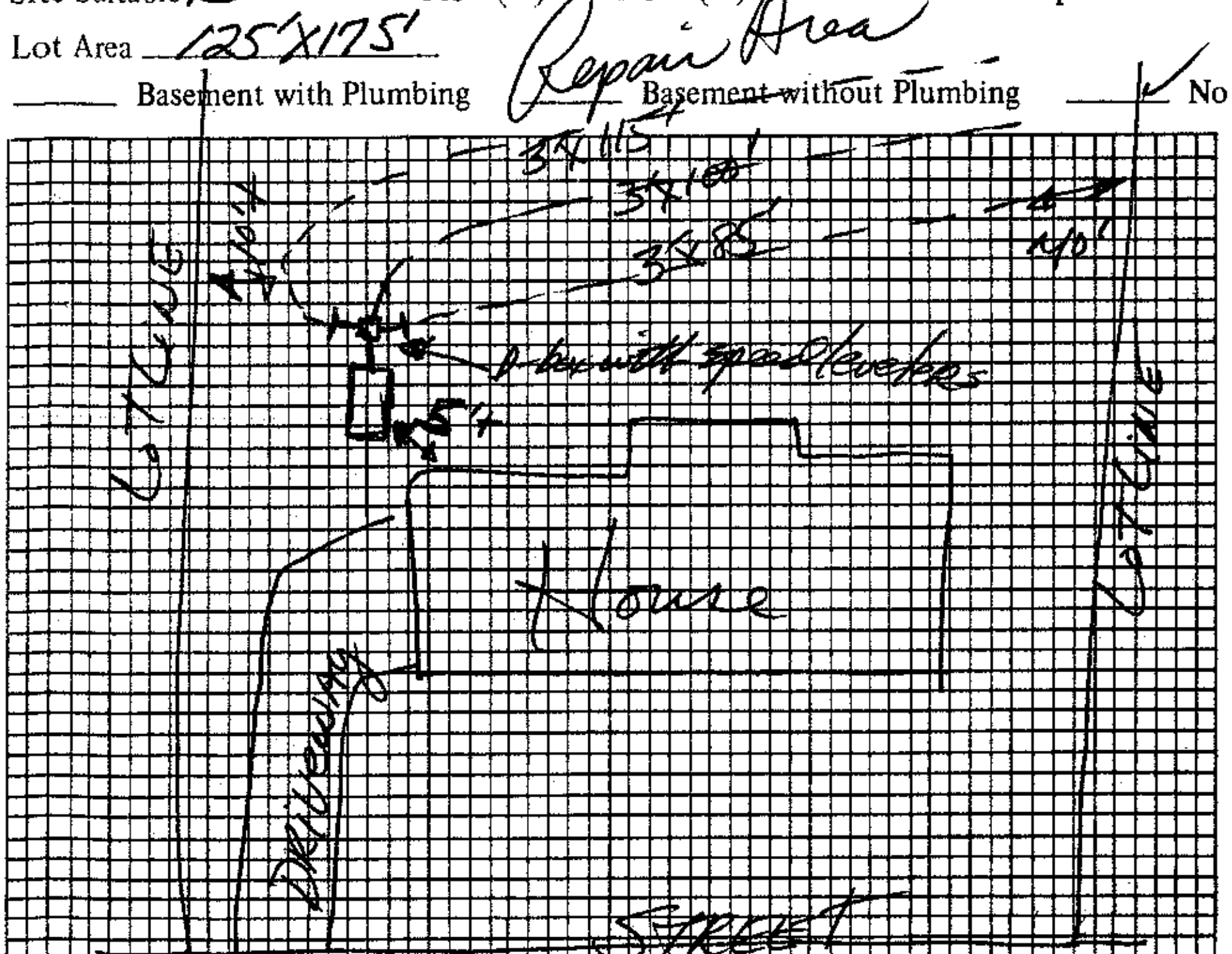
House (✓) Mobile Home ( ) Business ( ) Other ______

No. Bedrooms 3 No. Bathrooms 3

Garbage Disposal Unit	Yes ( )	No (✓)	Character & Porosity of Soil	clay
Auto. Dishwasher	Yes (✓)	No ( )	Percolation Rate	.4
Auto. Wash. Machine	Yes (✓)	No ( )	Topography	2-4%
~~Site Suitable~~ PS	Yes (✓)	No ( )	Depth to Water Table	4'
			Rock or other impervious formations	none obs.

Lot Area 125'X175'

____ Basement with Plumbing ____ Basement without Plumbing ✓ No Basement



Size of Tank 1000 Gals.

Nitrification Field:
No. of Lines 3
Sq. Ft. 900 Linear Ft. 300
Depth of Stone in Lines 12"
Water Supply: Individual ( )
Public (✓) CW

Installed by Rowan Septic Tk.

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

Signed: ______

Plot of System

IMPROVEMENTS PERMIT BY [signature]

COMMENTS: ______

CERTIFICATE OF COMPLETION BY [signature], RS DATE 11-1-89

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