4636 77 8033

IV

# 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 Oct 12 '89 PERMIT NO. _____

PHONE: Business _____ Home _____

LOCATION Old Squaw Trail 3rd house from end on left

S. R. No. _____

SUBDIVISION NAME Mallard Head LOT NO. 50 SECTION OR BLOCK NO. _____

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

No. Bedrooms 3 No. Bathrooms 2

Garbage Disposal Unit Yes ( ) No (✓)

Auto. Dishwasher Yes (✓) No ( )

Auto. Wash. Machine Yes (✓) No ( )

Site ~~Suitable~~ PS Yes ( ) No ( )

Lot Area Easement Area

Easement Area

Character & Porosity of Soil clay

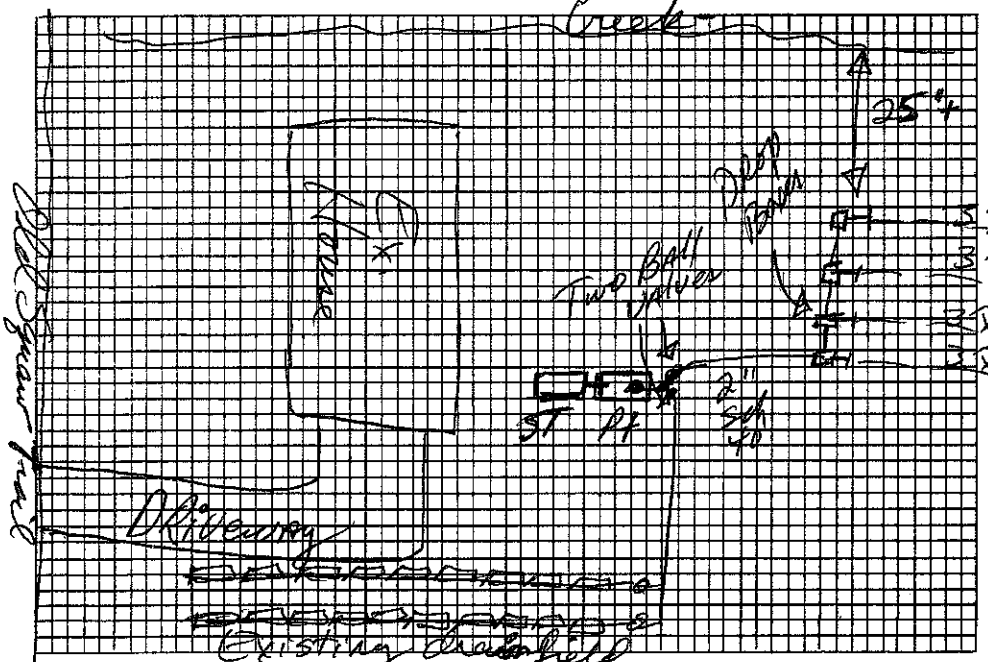
Percolation Rate .3-.4

Topography 6-8%

Depth to Water Table 3'+

Rock or other impervious formations none obs.

_____ Basement with Plumbing ___✓___ Basement without Plumbing _____ No Basement




Plot of System

ST & P.T.

Size of Tank Existing Gals.

Nitrification Field:

No. of Lines 4

Sq. Ft. 900 Linear Ft. 300

Depth of Stone in Lines 12"

Water Supply: Individual ( )

Public (✓) CW

Installed by Rowan Septic Tank

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

Signed: _____

IMPROVEMENTS PERMIT BY DRH.

COMMENTS: 5th line was eliminated because 2 pump lines from other lots cross the lower end of this easement area.

* Check plumbing inside home for leaks, overflowing commodes, etc.

CERTIFICATE OF COMPLETION BY _____, RS. DATE 10-12-89

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