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 Sept 25, '89 PERMIT NO. _____

PHONE: Business _____ Home _____

LOCATION Old Squaw Trail

S. R. No. _____

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

House (✓) Mobile Home ( ) Business ( ) Other Repair Sewer Easement behind lot 50 in fairway

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 SEE Attached diagram

Character & Porosity of Soil clay

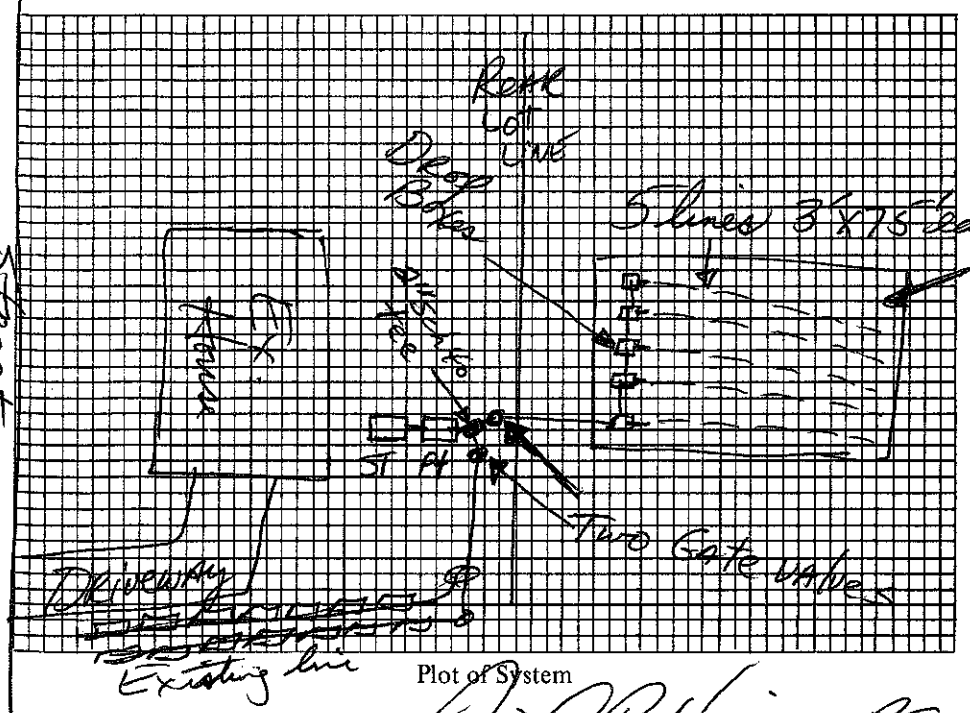
Percolation Rate 13-F

Topography 6-8%

Depth to Water Table 3'+

Rock or other impervious formations more obs.

_____ Basement with Plumbing _____ Basement without Plumbing _____ No Basement



(5T & PT)

Size of Tank Existing Gals.

Nitrification Field:
No. of Lines 5 4 300 DHA
Sq. Ft. 1125 Linear Ft. 375
Depth of Stone in Lines 12"

Water Supply: Individual ( )
Public (✓ CW

Installed by _____

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

Signed: Clara Cloud

IMPROVEMENTS PERMIT BY David R. Henson RS.

COMMENTS: Follow contour. Trench bottom depth of 24".

10-12-89 5th line eliminated prior to installing repair because of 2 pumplines from other lots that cross the lower end of easement area. DRH

CERTIFICATE OF COMPLETION BY _____ DATE _____

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