1651-11

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 Spear (Concordia) Construction DATE May 24, '89 PERMIT NO. _____

PHONE: Business _____ Home _____

LOCATION 1100 TR 1179 (Coonts back) TR Old Squaw Trail on left near end S. R. No. _____

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

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

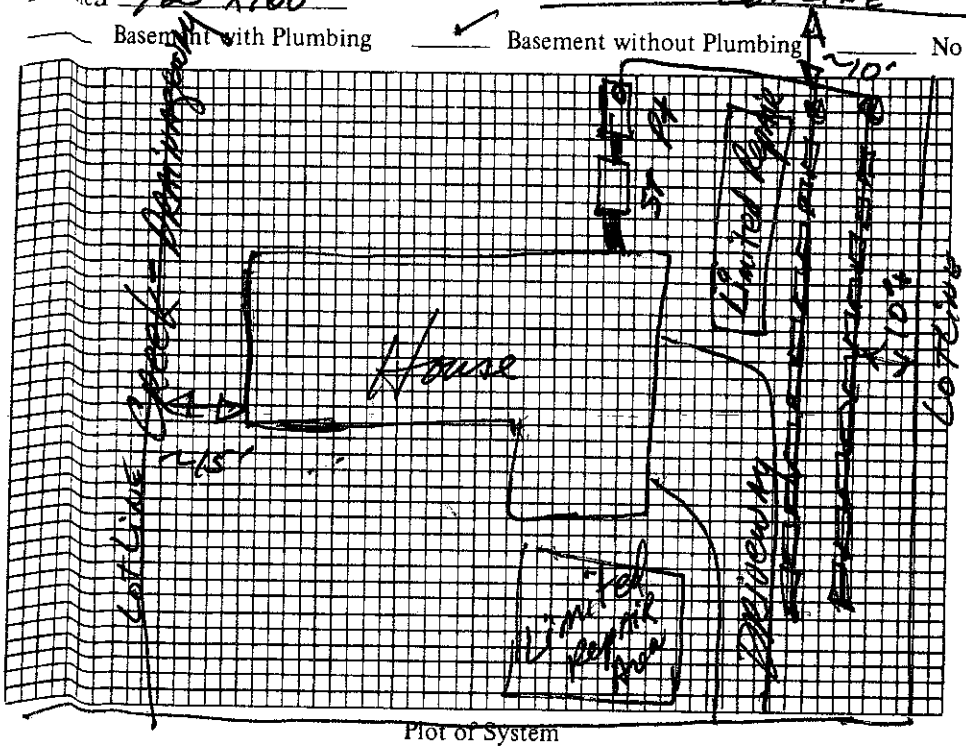
No. Bedrooms 3 No. Bathrooms 2½

Garbage Disposal Unit	Yes ( )	No (✓)	
Auto Dishwasher	Yes (✓)	No ( )	
Auto Wash. Machine	Yes (✓)	No ( )	
Site Suitable PS	Yes ( )	No ( )	

Character & Porosity of Soil clay
Percolation Rate 2, 3
Topography 2 10%
Depth to Water Table 6'+
Rock or other impervious formations some slt.

Lot Area 125'x160'

Basement with Plumbing ____ Basement without Plumbing ✓ No Basement



1000 p.T.
Size of Tank 1000 Gals.
Nitrification Field:
No. of Lines 2
Sq. Ft. _____ Linear Ft. 200 ea
Depth of Stone in Lines 16" T&J
Water Supply: Individual ( )
CW Public (✓) 7 panels pd.

Installed by Rowan Septic Tank

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

Signed: _____

IMPROVEMENTS PERMIT BY BLH.

COMMENTS: Tanks locations moved uphill because of buried trash. Change in driveway location caused drainfield to be deeper than originally anticipated.

CERTIFICATE OF COMPLETION BY R Jenson, RS DATE 5-24-89

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