09180

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 June 30, '89 PERMIT NO. _____

PHONE: Business _____ Home _____

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

SUBDIVISION NAME Mallard Head LOT NO. 51 SECTION OR BLOCK NO. _____

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

No. Bedrooms 3 No. Bathrooms 3

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

Drainfield Easement Area

Character & Porosity of Soil clay

Percolation Rate 3

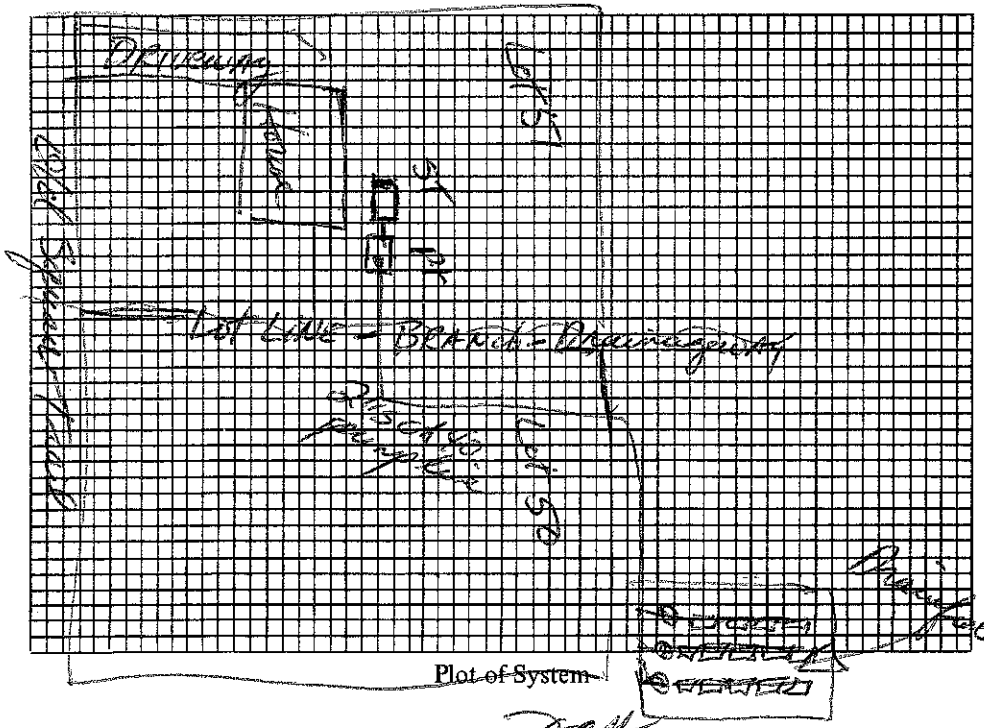
Topography S-10%

Depth to Water Table 4'+

Rock or other impervious formations none obs.

Lot Area 60'x80' Easement for drainfield behind lot 50

_____ Basement with Plumbing _____ Basement without Plumbing ✓ No Basement



1000 p.T.

Size of Tank 1000 Gals.

Nitrification Field:

No. of Lines 3

Sq. Ft. _____ Linear Ft. 200'

Depth of Stone in Lines 16" Trench

Water Supply: Individual ( )

CW Public (✓) panels presumed

Installed by Rowan Septic Tank

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

Signed: _____

IMPROVEMENTS PERMIT BY _____

COMMENTS: Pump line easement changed as shown on recorded easement.

CERTIFICATE OF COMPLETION BY _____ DATE 6-30-89

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