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 Nov. 9, '88 PERMIT NO. _____

PHONE: Business _____ Home _____

LOCATION 1100 TR 1179 (Canvasback) 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 Easement Area

Garbage Disposal Unit Yes ( ) No (✓)

Auto. Dishwasher Yes (✓) No ( )

Auto. Wash. Machine Yes (✓) No ( )

Site ~~Suitable~~ Easement Yes (✓) No ( )

Character & Porosity of Soil clay

Percolation Rate 2-3

Topography 8-10%

Depth to Water Table _____

Rock or other impervious formations none obs.

Lot Area 60'X80' Easement behind Lot 50

_____ Basement with Plumbing _____ Basement without Plumbing ✓ No Basement

1000 gal pt.

Size of Tank 1000 Gals.

Nitrification Field:

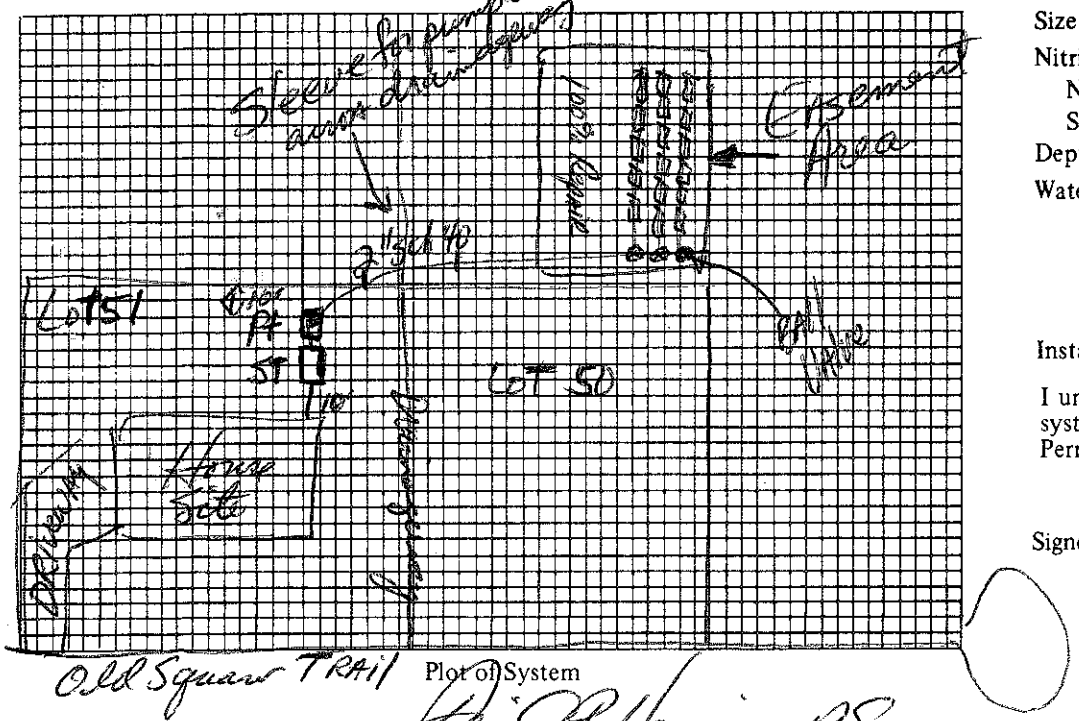
No. of Lines 8

Sq. Ft. _____ Linear Ft. 200 ✓

Depth of Stone in Lines 16" Top

Water Supply: Individual ( ) panels

Public (✓) pressure-dosed



Plot of System

Installed by _____

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

Signed: _____

IMPROVEMENTS PERMIT BY _____

COMMENTS: Follow contour in easement area. Install drainfield at a depth of 30" to trench bottom. System specs: 47 panels total with 2 holes (5/32") per panel; 1" or 1¼" sch 40 thru panels; 2' pressure lead per ditch; Pump spec → 40 gal/min at 30' TDH.

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