09179

4636-88-0320

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 March 9, '89 PERMIT NO. _____

PHONE: Business _____ Home _____

LOCATION 1/00 ft Cannonbrook (1179) TR Drake Drive on Right, across from Bufflehead Drive S. R. No. _____

SUBDIVISION NAME Mallard Head LOT NO. 2 SECTION OR BLOCK NO. _____

House (4) Mobile Home ( ) Business ( ) Other _____

No. Bedrooms 3 No. Bathrooms 2½

Garbage Disposal Unit Yes ( ) No (4)

Auto. Dishwasher Yes (4) No ( )

Auto. Wash. Machine Yes (4) No ( )

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

Lot Area 115'x178'

Character & Porosity of Soil clay

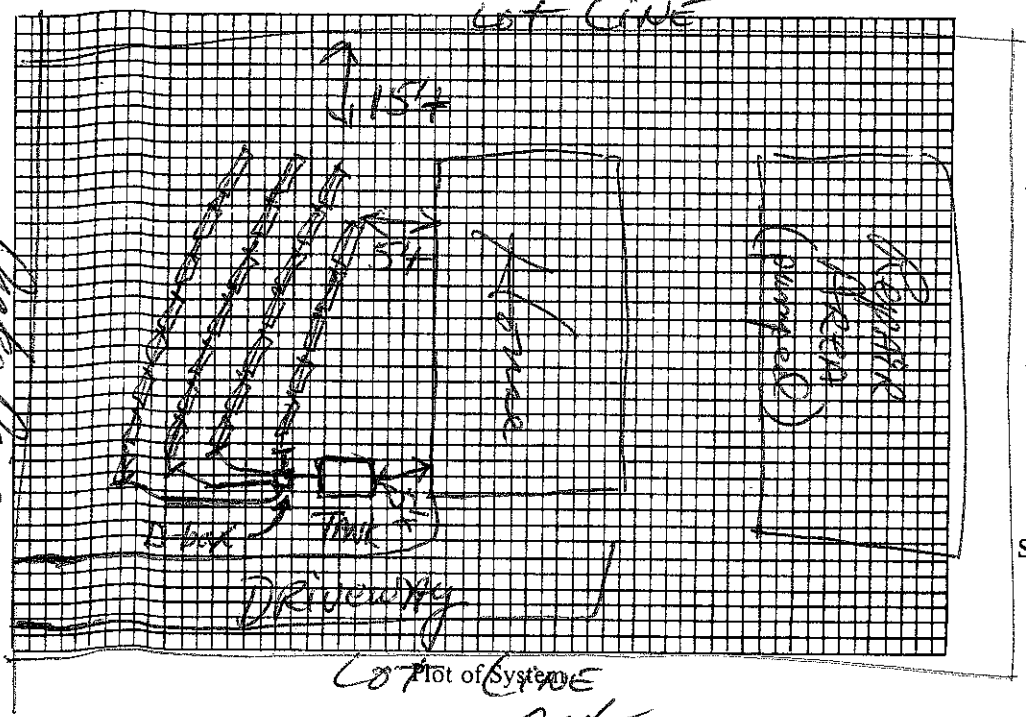
Percolation Rate .025 ft (front)

Topography 2-4%

Depth to Water Table 4'+

Rock or other impervious formations none else

_____ Basement with Plumbing _____ Basement without Plumbing ✓ No Basement



Plot of System

Size of Tank 1000 Gals.

Nitrification Field:

No. of Lines 4

Sq. Ft. _____ Linear Ft. 240'

Depth of Stone in Lines 16"

Water Supply: Individual ( ) panels

Public ( ) gravity-flow

Installed by Ronan Septic Tank

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

Signed: _____

IMPROVEMENTS PERMIT BY _____

COMMENTS: _____

CERTIFICATE OF COMPLETION BY _____ DATE March 9 '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