4636 54 8686

IREDELL COUNTY HEALTH DEPARTMENT

11197

(SEPTIC TANK) IMPROVEMENTS PERMIT AND CERTIFICATE OF COMPLETION
(Ground Absorption Sewage Disposal System – G. S. Chapter 130-Article 13C)

OWNER OR CONTRACTOR James W. Beadnell DATE 10/16/90 PERMIT NO. 2K-12-A-180

PHONE: Business ______ Home ______

LOCATION 1100 TL Mallard Way past Clubhouse at end on right

______ S. R. No. ______

SUBDIVISION NAME Mallard Head LOT NO. 180 SECTION OR BLOCK NO. ______

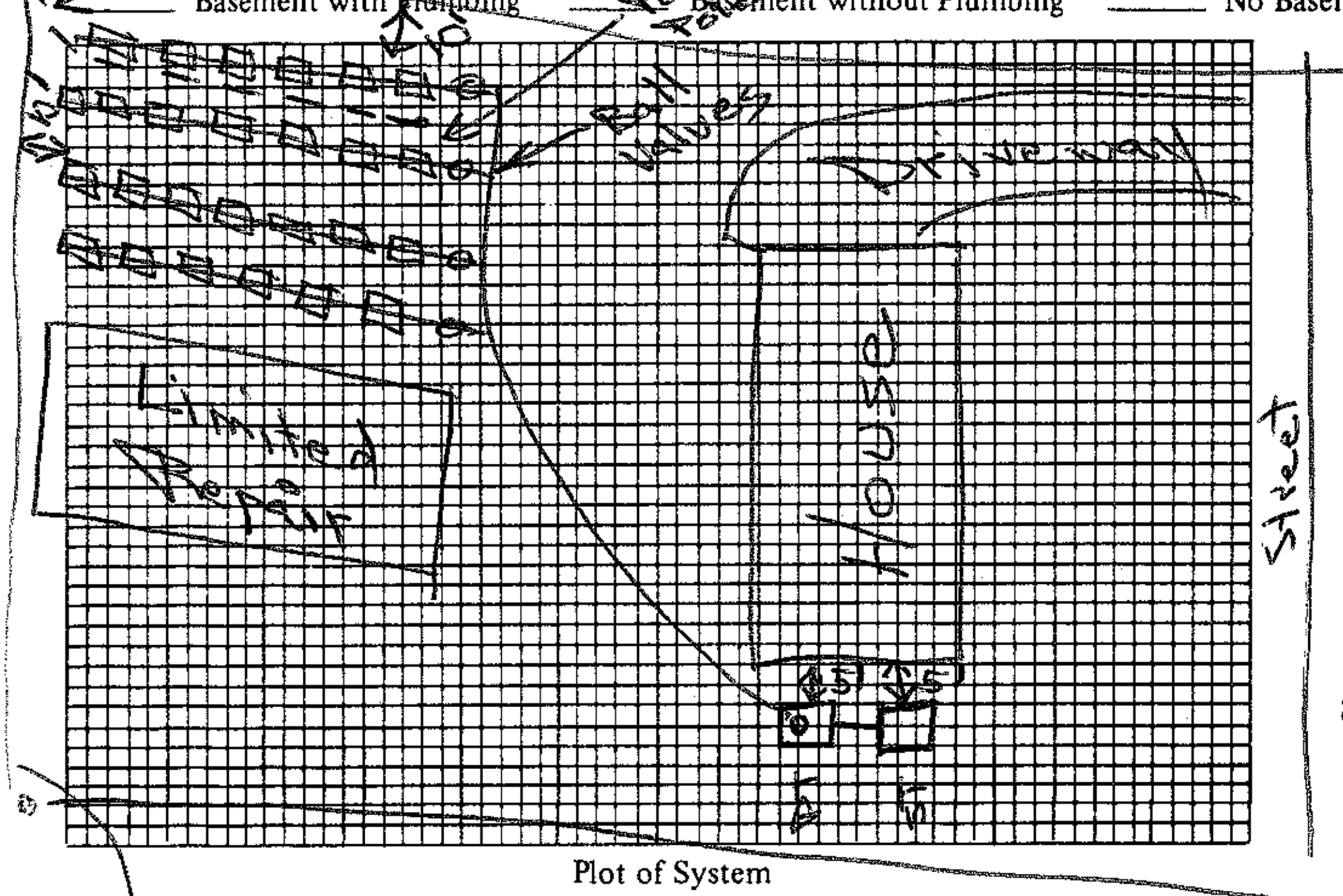
House (✓) Mobile Home ( ) Business ( ) Other ______

No. Bedrooms 4 No. Bathrooms 3
Garbage Disposal Unit Yes ( ) No (✓)
Auto. Dishwasher Yes (✓) No ( )
Auto. Wash. Machine Yes (✓) No ( )
Site Suitable Yes (✓) No ( )
Lot Area 28,000 ft² (very limited space)

Transformer
PS Line
Power

Character & Porosity of Soil clay PS trans
Percolation Rate ~.3
Topography ~10%
Depth to Water Table 4' +
Rock or other impervious formations none obs.

______ Basement with Plumbing ______ Basement without Plumbing ______ No Basement



Plot of System

1500 PT
Size of Tank 1500 Gals.
Nitrification Field:
No. of Lines 4
Sq. Ft. —— Linear Ft. 280' of
Depth of Stone in Lines 16" T&J
Water Supply: Individual ( )
Public (✓) Panels C.W.

Installed by Richard Abernathy

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

Signed: ______

Pond

IMPROVEMENTS PERMIT BY ______

COMMENTS: ______

operation Permit
~~CERTIFICATE OF COMPLETION~~ BY Sam Ingram EHS DATE 10/16/90

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