11:30
~~10:30~~

11197

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 James W. Beadnell DATE March 19, '90 PERMIT NO. 2K-12-A-180

PHONE: Business _____ Home _____

LOCATION 1100 N. 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 (✓)	Character & Porosity of Soil	ps clay trans.
Auto. Dishwasher	Yes (✓)	No ( )	Percolation Rate	3
Auto. Wash. Machine	Yes (✓)	No ( )	Topography	m/lo & fl
Site ~~Suitable~~ PS	Yes (✓)	No ( )	Depth to Water Table	4ft
			Rock or other impervious formations	none obs.

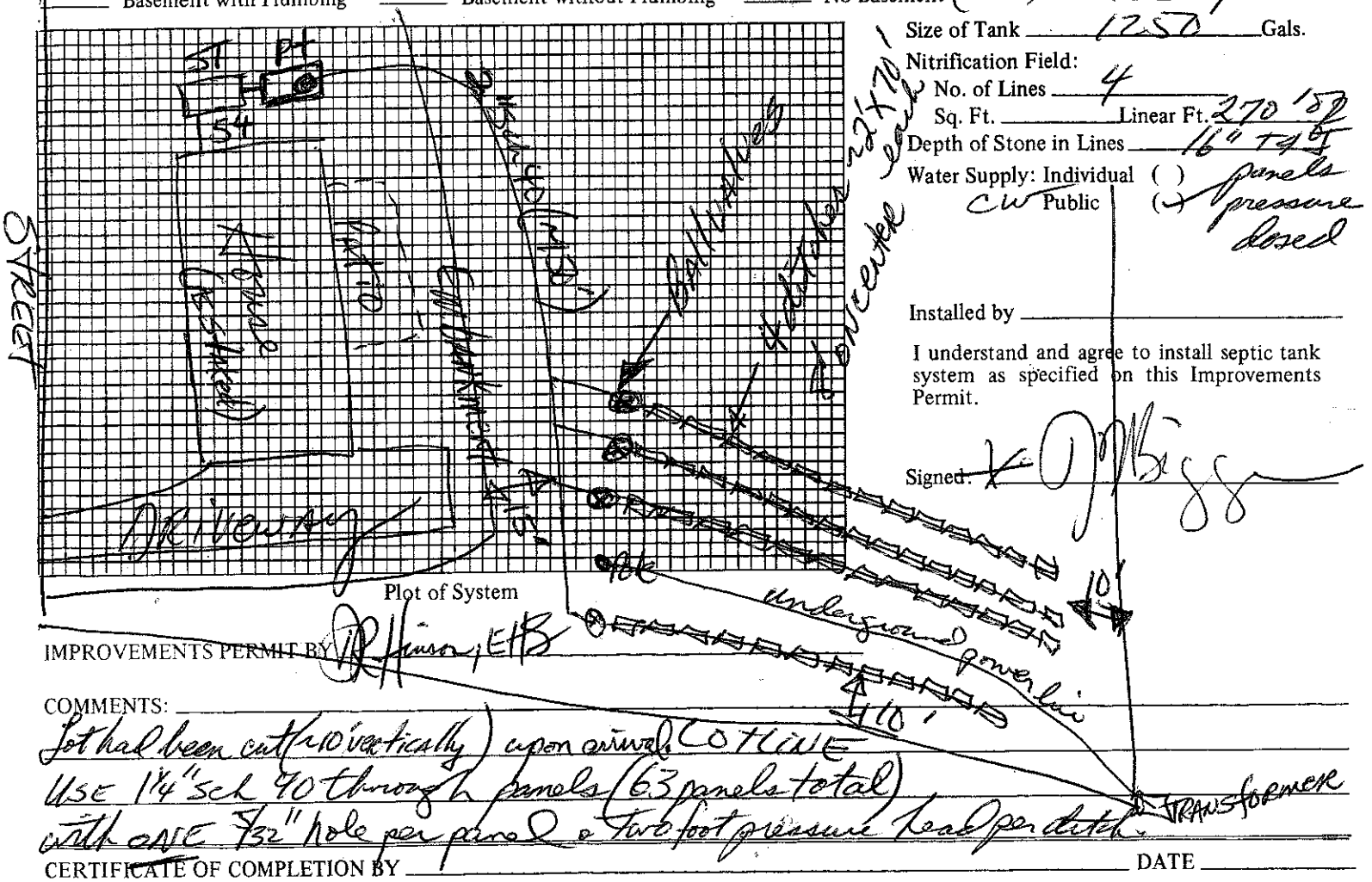
Lot Area 20000ft² (very limited space)

____ Basement with Plumbing ____ Basement without Plumbing ✓ No Basement (slab) 1250 p.t.

Size of Tank 1250 Gals.

Nitrification Field:
No. of Lines 4
Sq. Ft. _____ Linear Ft. 270 lf
Depth of Stone in Lines 16" trench

Water Supply: Individual ( ) CW Public (✓) pressure dosed



Plot of System

Installed by _____

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

Signed: ~~X~~ [signature]

IMPROVEMENTS PERMIT BY [signature], EHS

COMMENTS: Lot had been cut (10' vertically) upon arrival. CO TO LINE
Use 1¼" Sch 40 through panels (63 panels total) with one 7/32" hole per panel & two foot pressure lead per ditch.

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.

Pump specs: 26 gpm AT 25' TDH

Health Dept. Copy: White Inspection Dept. Copy: Yellow Sanitarian's Copy: Pink Owner's Copy: Gold