IREDELL COUNTY HEALTH DEPARTMENT 4636 640852

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

OWNER OR CONTRACTOR Charles E. Williams DATE 8-22-84 PERMIT NO. 290

PHONE: Business _____ Home _____

LOCATION 1100 ft. Mallard Head (Mallard Way) 1/2 mile OWR Glen Gluf house S. R. No. _____

SUBDIVISION NAME Mallard Head LOT NO. 77+78 SECTION OR BLOCK NO. _____

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

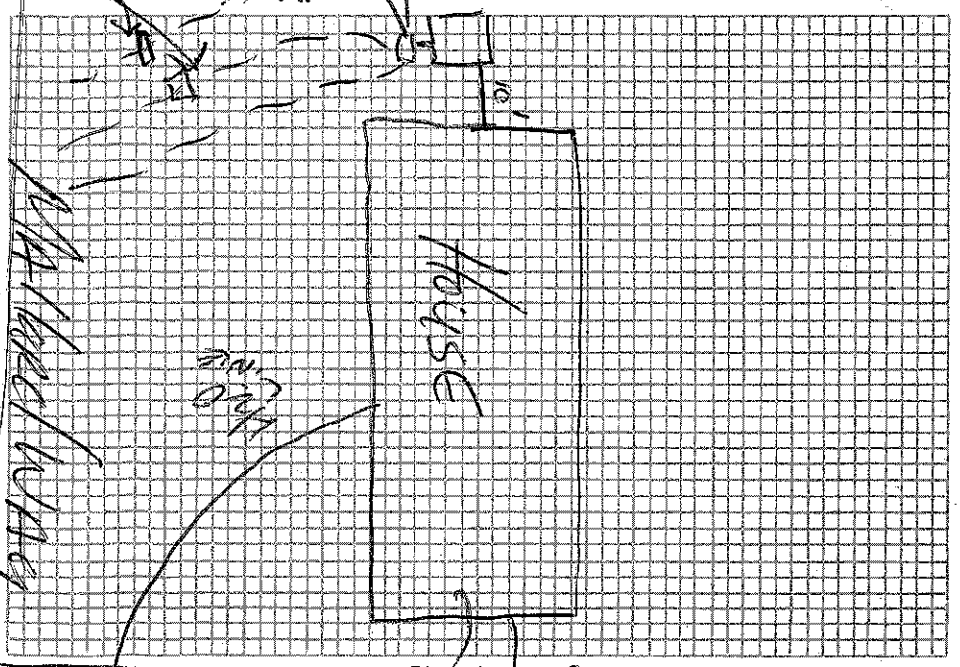
No. Bedrooms 3 No. Bathrooms 2

Garbage Disposal Unit Yes ( ) No (X)
Auto. Dishwasher Yes (X) No ( )
Auto. Wash. Machine Yes (X) No ( )
Site Suitable Yes (X) No ( )

Character & Porosity of Soil Clay loam gravelly
Percolation Rate 0.5 - 60 mpi
Topography 2 - 6%
Depth to Water Table _____
Rock or other impervious formations None obs.

Lot Area 20,000 Ft2

_____ Basement with Plumbing _____ Basement without Plumbing _____ No Basement



Size of Tank 1500 Gals.
Nitrification Field:
No. of Lines 3
Sq. Ft. 720 Linear Ft. 240
Depth of Stone in Lines 18"
Water Supply: Individual ( )
Public (X) community H2O
Installed by J. Erwin Co.

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

Signed: _____

IMPROVEMENTS PERMIT BY DRJE Fred Clemmer

COMMENTS: _____

CERTIFICATE OF COMPLETION BY Fred Clemmer DATE 8-22-84

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