IREDELL COUNTY HEALTH DEPARTMENT 4636656361

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

OWNER OR CONTRACTOR Max Spear DATE Sept 16 87 PERMIT NO. _____

PHONE: Business _____ Home _____

LOCATION 1100 N Mallard Way past Club House on left at corner with Teal Drive S. R. No. _____

SUBDIVISION NAME Mallard Head LOT NO. 168 SECTION OR BLOCK NO. _____

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

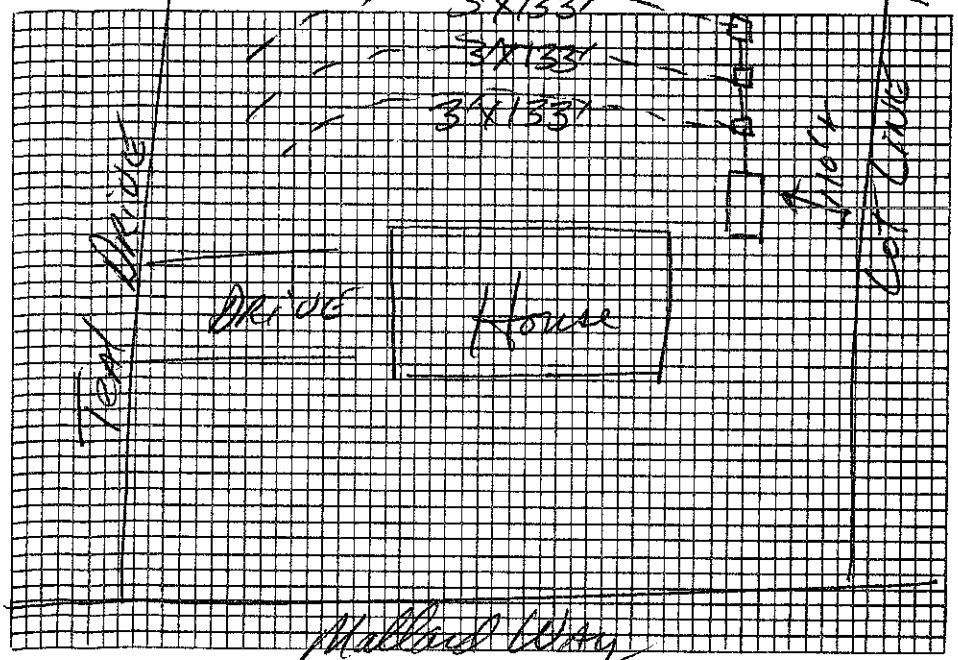
No. Bedrooms 4 No. Bathrooms 2½

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

Character & Porosity of Soil clay
Percolation Rate n.t.
Topography 2-4%
Depth to Water Table 4ft
Rock or other impervious formations none obs.

Lot Area 20000ft²+

_____ Basement with Plumbing ~~Basement without Plumbing~~ No Basement



Plot of System

Size of Tank 1500 Gals.

Nitrification Field:
No. of Lines 3
Sq. Ft. 1200 Linear Ft. 400
Depth of Stone in Lines 12"

Water Supply: Individual ( )
Public (✓)
Community well

Installed by Rowan Sep. 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 9-16-87

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