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 Dean Honeycutt DATE 9-5-86 PERMIT NO. 382

PHONE: Business _____ Home _____

LOCATION 1100 TL into main entrance of Mallard Head at corner of Drake Dr. & Mallard Way S. R. No. _____

SUBDIVISION NAME Mallard Head LOT NO. 8 SECTION OR BLOCK NO. _____

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

No. Bedrooms 4 No. Bathrooms 2½

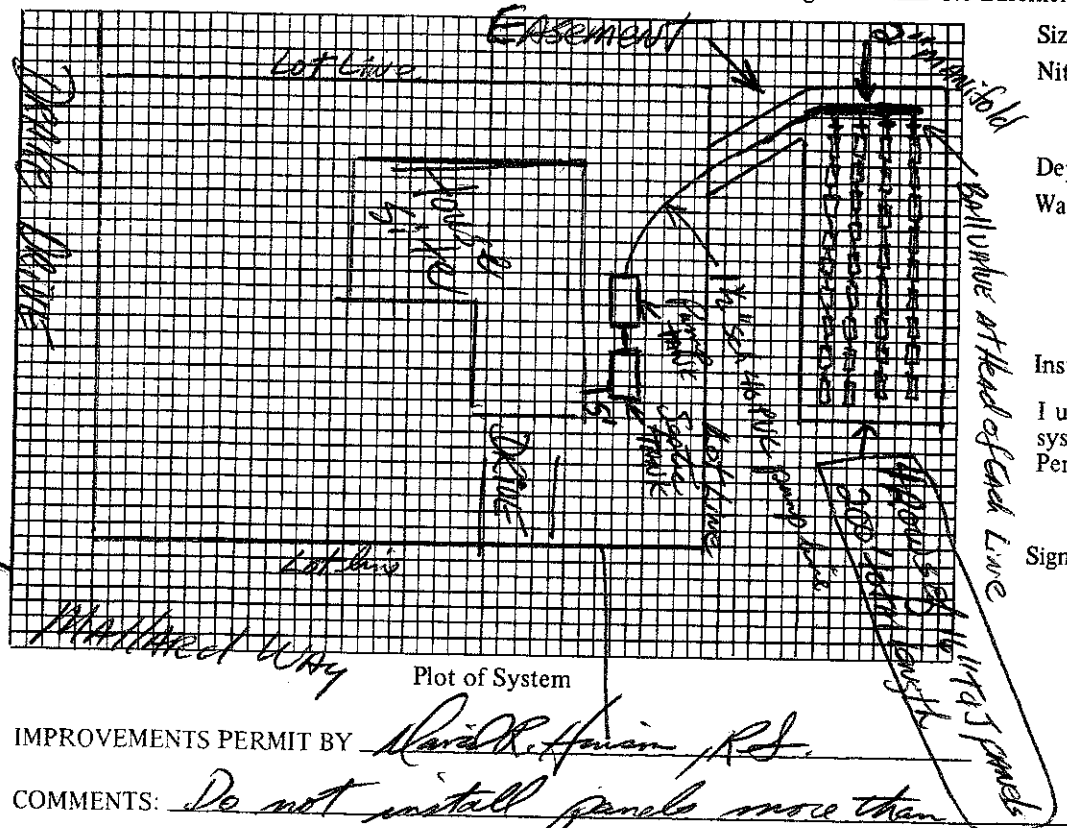
Garbage Disposal Unit	Yes	(✓)	No	( )
Auto. Dishwasher	Yes	(✓)	No	( )
Auto. Wash. Machine	Yes	(✓)	No	( )
Site Suitable	Yes	(✓)	No	( )

Character & Porosity of Soil Clay
Percolation Rate 4
Topography 8-10%
Depth to Water Table 4'+
Rock or other impervious formations none obs.

Lot Area .57 AC.

_____ Basement with Plumbing _____ Basement without Plumbing ✓ No Basement

1000 gal pump tank w/o Baffle ½ Hp pump



Plot of System

Size of Tank 1500 Gals.
Nitrification Field:
No. of Lines 4 Rows of 7 EZ J Panels
Sq. Ft. _____ Linear Ft. 200
Depth of Stone in Lines _____
Water Supply: Individual ( )
Public (✓)
Community Well

Installed by _____

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

Signed: Dean Honeycutt

IMPROVEMENTS PERMIT BY Mark Heffner R.S.

COMMENTS: Do not install panels more than 30" deep.
Drainfield to go in easement area as shown.

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.

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