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 Tom McClintock, Inc. DATE 6-12-80 PERMIT NO. 166

PHONE: Business _____ Home _____

LOCATION 1100 TR 1179 near end TR Spring Run Drive on left S. R. No. _____

SUBDIVISION NAME Spring Run (Mallard Head) LOT NO. 10 SECTION OR BLOCK NO. _____

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

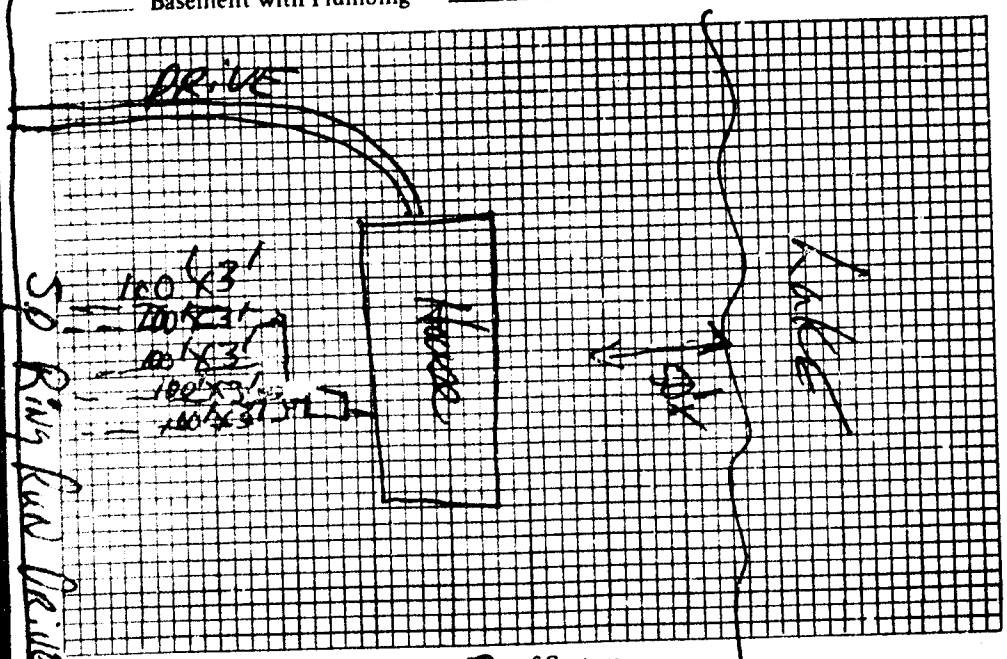
No. Bedrooms 5 No. Bathrooms 2

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

Lot Area ~1/2 Acre

Character & Porosity of Soil Clay loam
Percolation Rate 80-120 mpi
Topography 4-6%
Depth to Water Table unknown
Rock or other impervious formations None observed

_____ Basement with Plumbing _____ Basement without Plumbing _____ No Basement



Plot of System

Size of Tank 1500 Gals.

Nitrification Field:
No. of Lines 5
Sq. Ft. 1500 Linear Ft. 500
Depth of Stone in Lines 10"

Water Supply: Individual (X)
Public ( )
Community H2O

Installed by Richard Abernathy

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

Signed: _____

IMPROVEMENTS PERMIT BY David R. Hinson

COMMENTS: _____

CERTIFICATE OF COMPLETION BY Fred Clemmer DATE 6-12-80

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