IREDELL COUNTY HEALTH DEPARTMENT 4636738665

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

OWNER OR CONTRACTOR Tom McKinch, Inc DATE 6-12-80 PERMIT NO. 166

PHONE: Business _____ Home _____

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

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

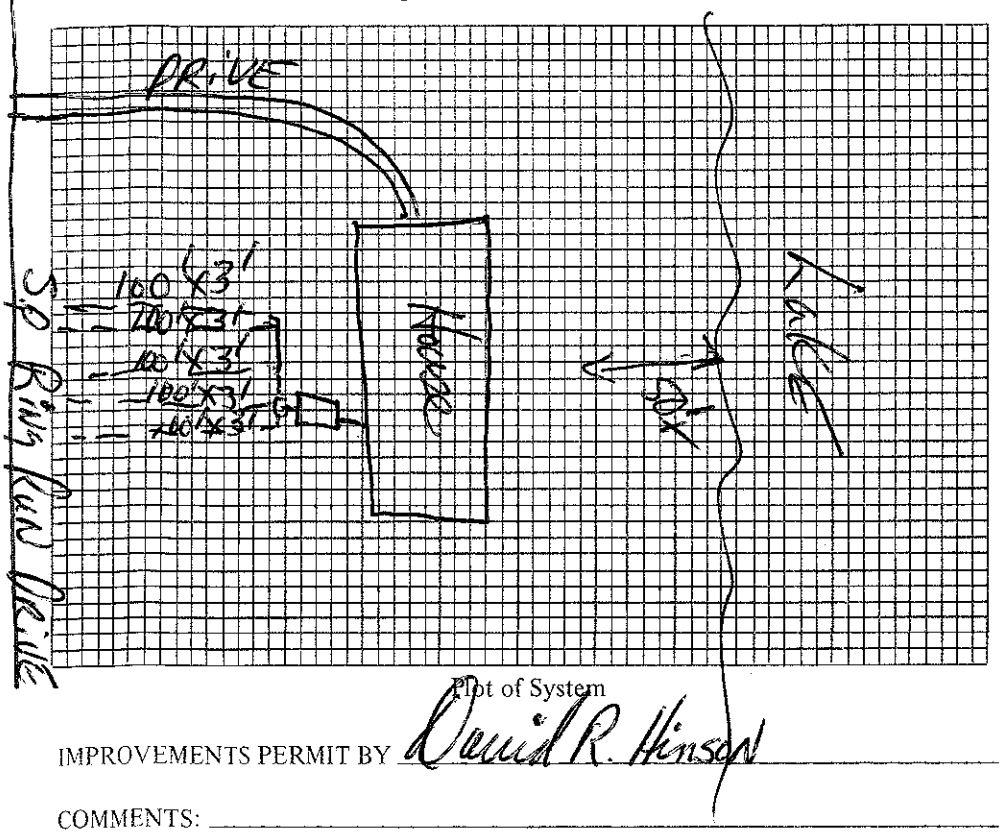
House ( ) Mobile Home ( ) Business ( ) Other _____

No. Bedrooms 5 No. Bathrooms 2

Garbage Disposal Unit	Yes	(X)	No	( )	Character & Porosity of Soil: Clay loam
Auto. Dishwasher	Yes	(X)	No	( )	Percolation Rate: 80 ft/20 mpi
Auto. Wash. Machine	Yes	(X)	No	( )	Topography: 4-6%
Site Suitable	Yes	(X)	No	( )	Depth to Water Table: unknown
					Rock or other impervious formations: NONE OBSERVED

Lot Area ~1/2 Acre

_____ 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