4636-74-1744

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 Southern Supplies DATE 1-22-86 PERMIT NO. 37

PHONE: Business _____ Home _____

LOCATION 1100 TL Mallard Way past Mt Clubhouse Top of hill, TL Drake TR paved street 2nd Lot on left S. R. No. _____

SUBDIVISION NAME Nail Acres LOT NO. 2 SECTION OR BLOCK NO. _____

House ( ) Mobile Home ( ) Business ( ) Other 18'x20' Boat Shed (No plumbing)

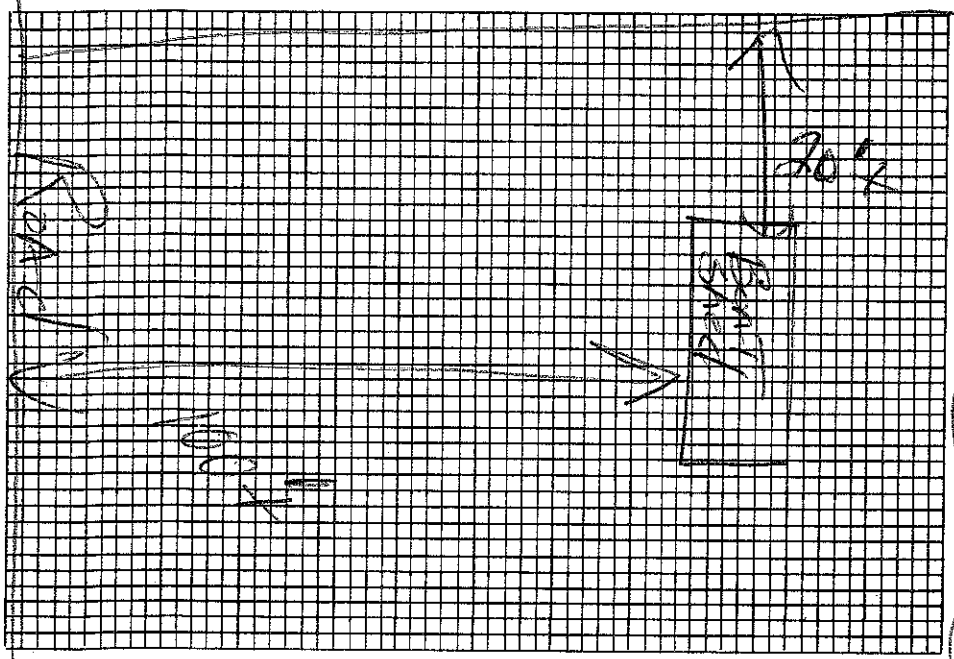
No. Bedrooms _____ No. Bathrooms _____

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

Character & Porosity of Soil _____
Percolation Rate _____
Topography N/A
Depth to Water Table _____
Rock or other impervious formations _____

Lot Area _____

_____ Basement with Plumbing _____ Basement without Plumbing _____ No Basement



Size of Tank N/A Gals.
Nitrification Field:
No. of Lines N/A
Sq. Ft. _____ Linear Ft. _____
Depth of Stone in Lines _____
Water Supply: Individual ( )
Public ( )

Installed by _____

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

Signed: _____

IMPROVEMENTS PERMIT BY _____

COMMENTS: No system to be installed — No plumbing — boat house only

CERTIFICATE OF COMPLETION BY _____ DATE _____

EXISTING SYSTEM CHECKED BY: Fred Clemmer DATE 1-22-86

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