IREDELL COUNTY HEALTH DEPARTMENT

IV

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

OWNER OR CONTRACTOR ABT Construction DATE 12-9-83 PERMIT NO. 422

PHONE: Business _____ Home _____

LOCATION 1109 TR 1179 TR Spring Run Drive ~ ¼ mile on left S. R. No. _____

SUBDIVISION NAME Mallard Horn-Spring Run LOT NO. 17 SECTION OR BLOCK NO. _____

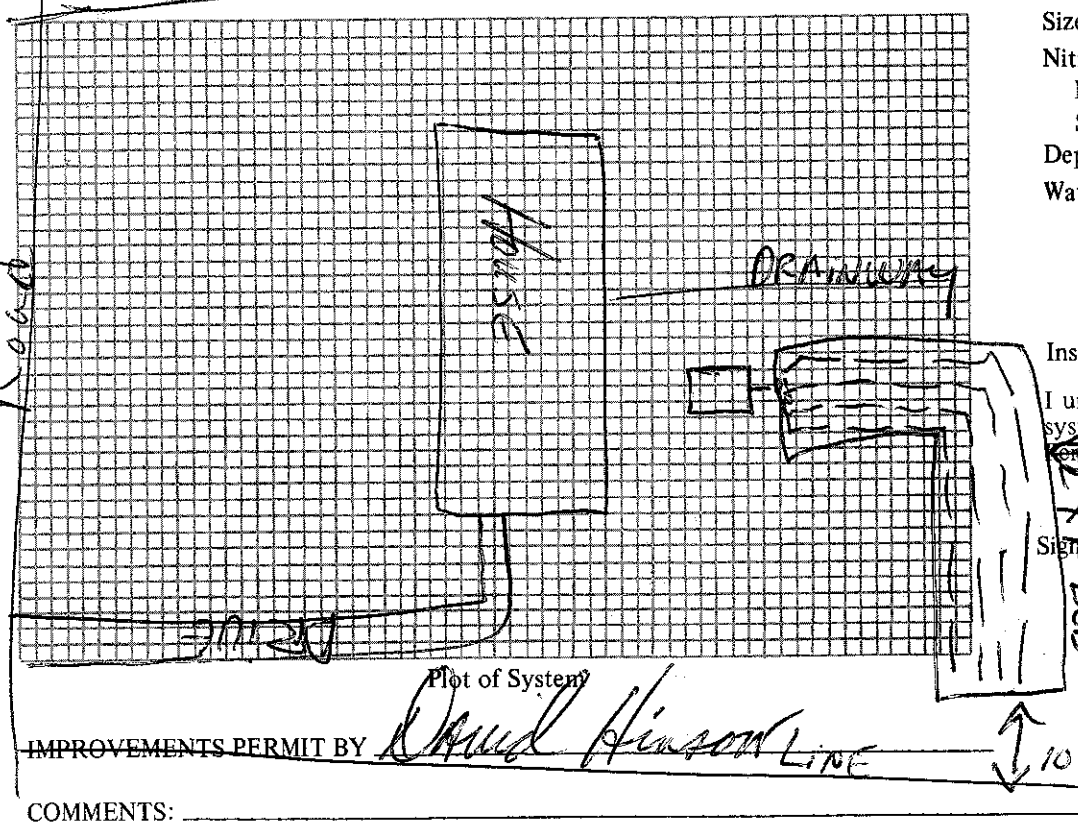
House ( ) Mobile Home ( ) Business ( ) Other _____

No. Bedrooms 3 No. Bathrooms 2½

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

Lot Area ~30,000 Ft²

Character & Porosity of Soil Clay loam
Percolation Rate 0.5 gpd/ft²
Topography Moderately Eroded 10-15%
Depth to Water Table 48"
Rock or other impervious formations None Observed



Plot of System

Size of Tank 1250 Gals.
Nitrification Field:
No. of Lines 24
Sq. Ft. 1080 Linear Ft. 360
Depth of Stone in Lines 12"
Water Supply: Individual ( )
Public (X)

Installed by Richard Abernathy

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

Signed: _____

IMPROVEMENTS PERMIT BY David Hinson

COMMENTS: _____

CERTIFICATE OF COMPLETION BY Fred Clemmer DATE 12-9-83

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