IREDELL COUNTY HEALTH DEPARTMENT

IMPROVEMENT PERMIT AND CERTIFICATE OF COMPLETION / OPERATIONS PERMIT

OWNER OR CONTRACTOR Charles Gilley / Burton Dunlap DATE Dec. 21, '92 PERMIT NO. ______

PHONE: Business ______ Home ______

LOCATION 26 Spring Run Drive

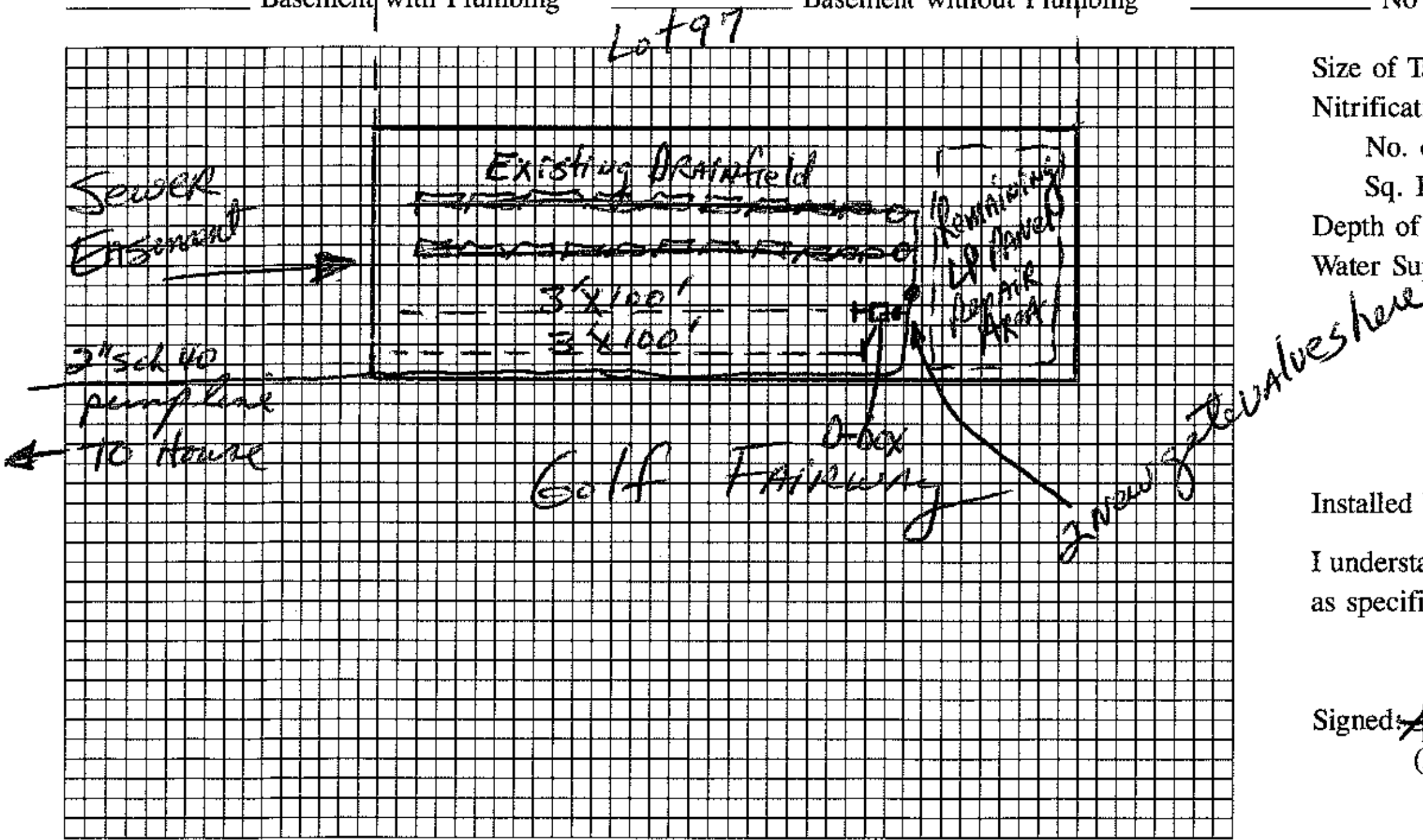
______ S.R. No. ______

SUBDIVISION NAME Mallard Head / Spring Run LOT NO. 21 SECTION OR BLOCK NO. ______

House ☑ Mobile Home ☐ Business ☐ Other Repair - Type 3

No. Bedrooms 3 No. Bathrooms 2	Soil Characteristics ps clay
Garbage Disposal Unit Yes ☐ No ☑	Application Rate .3
Auto. Dishwasher Yes ☑ No ☐	Topography ~4%
Auto. Wash. Machine Yes ☑ No ☐	Depth to Water Table > 4'
Lot Area 50'X150' Sewer Easement	Rock or other impervious formations NONE

______ Basement with Plumbing ______ Basement without Plumbing ✓ No Basement ______ Crawl Space



Plot of System (Not to Scale)

Size of Tank Existing Gals.

Nitrification Field:

No. of Lines 2

Sq. Ft. 600 Linear Ft. 200

Depth of Stone in Lines 24"

Water Supply: Individual ☐

Public ☑ CW

Installed by ______

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

Signed: [signature]

(IMPROVEMENT PERMIT IS VALID FOR 60 MONTHS FROM DATE OF ISSUE.)

IMPROVEMENT PERMIT BY David R. Hanson, R.S.

COMMENTS This permit is an option to the repair permit issued Dec 10, '92. The septic system may be repaired according to either permit; however the repair specified on this permit does not require a contract (maintenance agreement) with a certified septic system operator.

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 unapproved changes are made to the site, and/or if any false information is supplied toward securing Improvement Permit.

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