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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 Mady Construction DATE Nov. 14 '89 PERMIT NO. 2K-8-A-21

PHONE: Business ______ Home ______

LOCATION 1100 TL 1179 TR Spring Run Dr. on left ~ ½ way

______ S. R. No. ______

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

House (✓) Mobile Home ( ) Business ( ) Other ______

No. Bedrooms 3 No. Bathrooms 2

Garbage Disposal Unit Yes ( ) No (✓)

Auto. Dishwasher Yes (✓) No ( )

Auto. Wash. Machine Yes (✓) No ( )

~~Site Suitable~~ Easement PS Yes (✓) No ( )

Lot Area ______

Easement Area

Character & Porosity of Soil clay

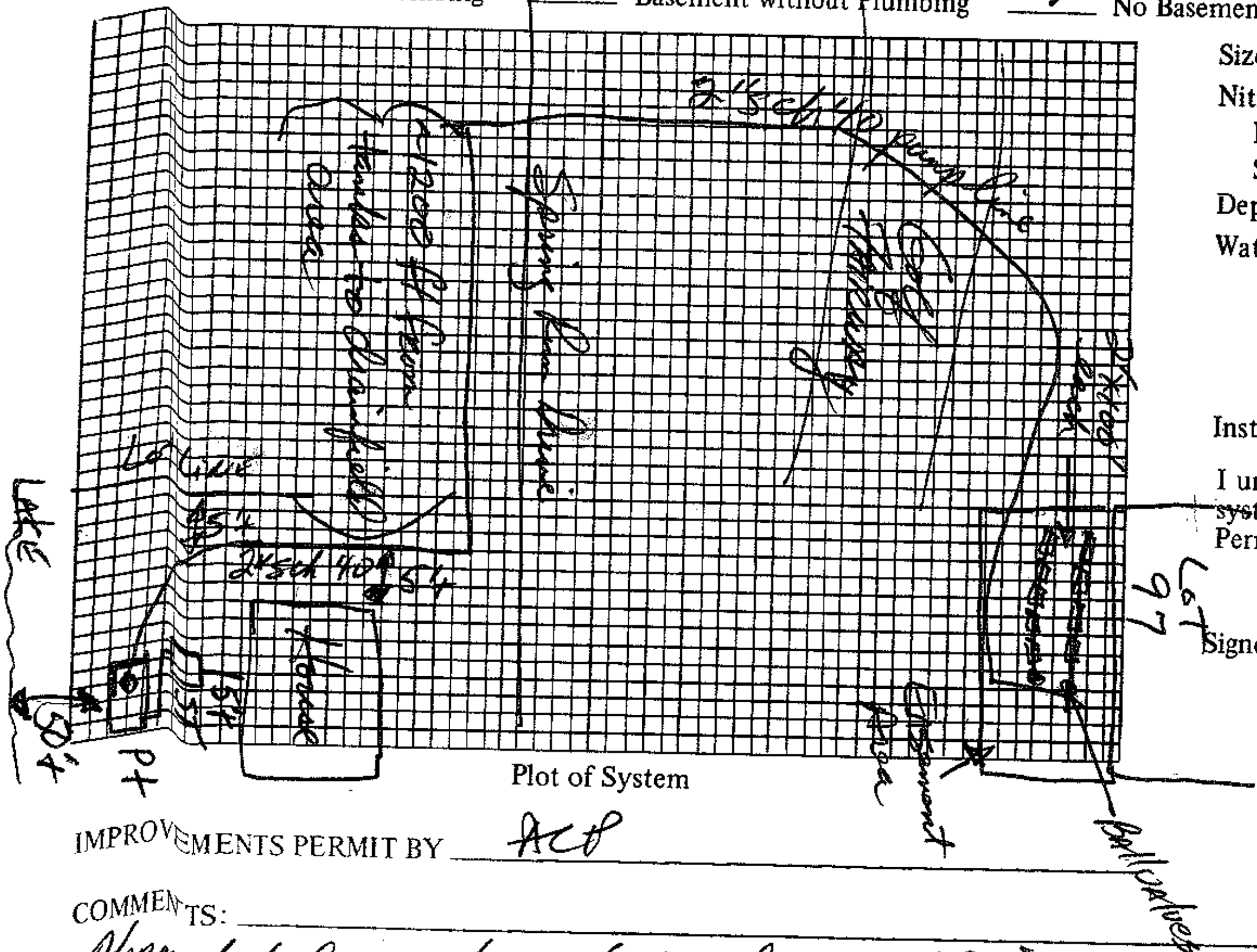
Percolation Rate ~.3

Topography 2-4%

Depth to Water Table 4'+

Rock or other impervious formations none obs.

Basement with Plumbing ______ Basement without Plumbing ✓ No Basement



Plot of System

1000 pt.

Size of Tank 1000 Gals.

Nitrification Field:

No. of Lines 2

Sq. Ft. ______ Linear Ft. 200' ST

Depth of Stone in Lines 16" TAJ panels pd

Water Supply: Individual ( )

CW Public (✓)

Installed by Bobby Mayhew

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

Signed: ______

* Pump line crossing fairway for this lot has red lettering on white pvc pipe

IMPROVEMENTS PERMIT BY ACP

COMMENTS: Alarm tested & working, but not mounted inside.

CERTIFICATE OF COMPLETION BY [signature], R.S. DATE 11-14-89

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