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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 Wayne Farley DATE Nov. 16, '89 PERMIT NO 2K-8-A-22

PHONE: Business ______ Home ______

LOCATION 1100 TR 1179 (Canvasback) TR Spring Run Drive on left 1/2 way S. R. No. ______

SUBDIVISION NAME Spring Run – Mallard Head LOT NO. 22 SECTION OR BLOCK NO. ______

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

No. Bedrooms 4 No. Bathrooms 2½

Garbage Disposal Unit Yes (✓) No ( )

Auto. Dishwasher Yes (✓) No ( )

Auto. Wash. Machine Yes (✓) No ( )

~~Site Suitable~~ Yes ( ) No ( )

Easement P.S

Lot Area 60 x 125

Easement Area (behind lot 96 on 1179)

Character & Porosity of Soil clay

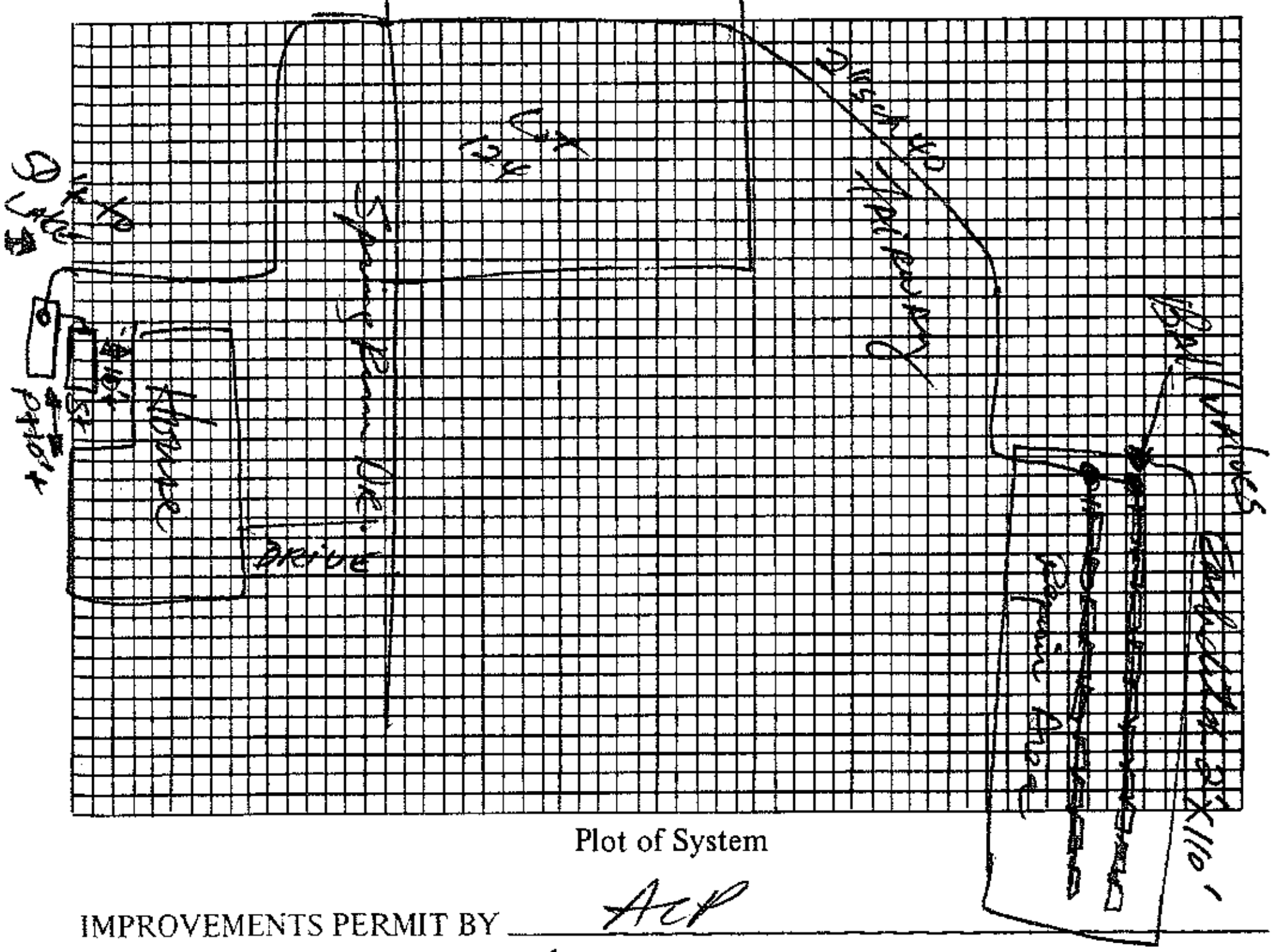
Percolation Rate ~.35

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

1500 p.t.

Size of Tank 1500 Gals.

Nitrification Field:

No. of Lines 2

Sq. Ft. ______ Linear Ft. 220'

Depth of Stone in Lines 16" T&B

Water Supply: Individual ( ) panels p-d

CW Public (✓)

Installed by Mike Feazer

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

Signed: ______

IMPROVEMENTS PERMIT BY ACP

COMMENTS: Alarm tested & working but not mounted inside yet. Pumpline crossing fairway is white pvc with silver writing on it.

CERTIFICATE OF COMPLETION BY [signature], R.S. DATE 11-16-89

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