4636756370

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 Elden V. Lobergers DATE 10-14-83 PERMIT NO. 1353

PHONE: Business _____ Home _____

LOCATION 1400, TL #179 TR Old Squaw TL Billy Jo's Blind TR Pintail Run TL Spirit Run Drive ~.2mi. left S.R. No. _____

SUBDIVISION NAME Mallard Head LOT NO. 25 SECTION OR BLOCK NO. _____

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

No. Bedrooms 3 No. Bathrooms 3

Garbage Disposal Unit Yes (X) No ( )

Auto. Dishwasher Yes (X) No ( )

Auto. Wash. Machine Yes (X) No ( )

Site Suitable Yes (X) No ( )

Lot Area 20,000 FT2

Character & Porosity of Soil Clay loam

Percolation Rate 2 @ 3 gal/ft²/day

Topography 6-8%

Depth to Water Table 36" to 48" Perched H2O table

Rock or other impervious formations 36"

LOT LINE

_____ Basement with Plumbing _____ Basement without Plumbing _____ No Basement

Split System Upper Level

Size of Tank 1000 Gals.

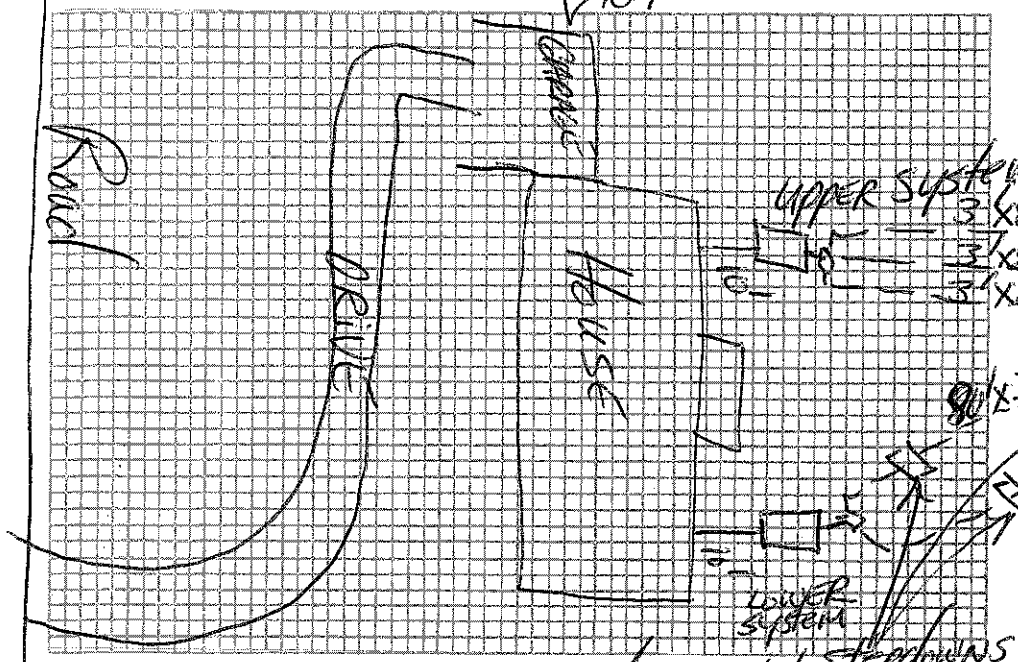
Nitrification Field:
No. of Lines 3
Sq. Ft. 720 Linear Ft. 240
Depth of Stone in Lines 12"

Water Supply: Individual ( ) Public (X) Community H2O

Installed by J. Erwin

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

Signed: DRAW



Plot of System

Lower Level
1000 gal
480 ft2
160 linear ft
12" stone

IMPROVEMENTS PERMIT BY David R. Hinson

COMMENTS: _____

CERTIFICATE OF COMPLETION BY David Hinson + Jud Clemmer DATE 10-14-83

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