4636 75 7026 Type IV

IREDELL COUNTY HEALTH DEPARTMENT

09161

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

OWNER OR CONTRACTOR John Woods DATE Mar 2, 1990 PERMIT NO. 2K-8-A-23

PHONE: Business _____ Home _____

LOCATION 1100 TL 1179 TR Spring Run Drive ~ ½ mile on left

_____ S. R. No. _____

SUBDIVISION NAME Mallard Head LOT NO. 23 SECTION OR BLOCK NO. _____

House (✓) Mobile Home ( ) Business ( ) Other _____ Easement Area (behind lot 95)

No. Bedrooms 4 No. Bathrooms 3 Lake

Garbage Disposal Unit Yes (✓) No ( )

Auto. Dishwasher Yes (✓) No ( )

Auto. Wash. Machine Yes (✓) No ( )

Site Suitable Easement Yes (✓) No ( )

Lot Area 125' x 50'

(✓) Basement with Plumbing ( ) Basement without Plumbing ( ) No Basement

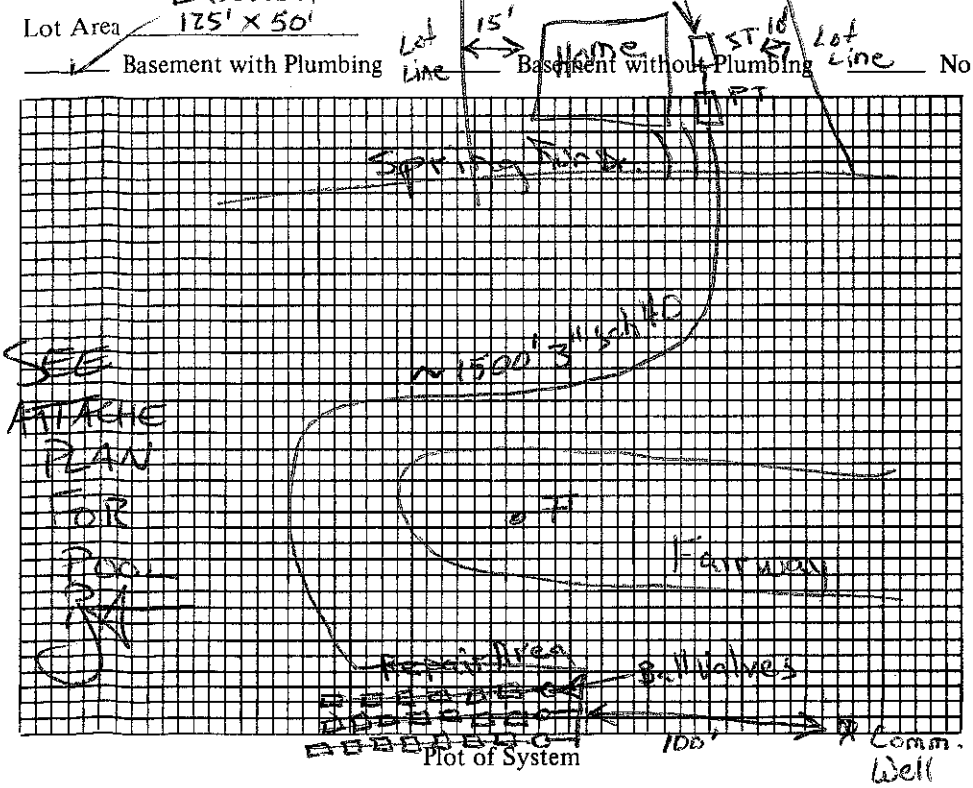
Character & Porosity of Soil clay

Percolation Rate ~ 0.3

Topography ~ 4%

Depth to Water Table 4' +

Rock or other impervious formations none obs.



Size of Tank 1500 Gals.

Nitrification Field:

No. of Lines 3

Sq. Ft. _____ Linear Ft. 270' of

Depth of Stone in Lines 16" T+J

Water Supply: Individual ( ) Panels

Public (✓)

CW

Installed by Bob MacLeod

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

Signed: _____

Pump spec - 26 gal/min ~ 50' TDH

IMPROVEMENTS PERMIT BY _____

COMMENTS: The proposed / existing Pool addition does not appear to impact the existing septic system.

**NOTE: _____

Date: 9-21-09 R.S.

ICHD-Environmental Health Division

Operation Permit

CERTIFICATE OF COMPLETION BY Sam Ingram EHS DATE Mar 2, 1990

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