T Whalen 1992

IREDELL COUNTY HEALTH DEPARTMENT 4636 75 9575

(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 3/18/88 PERMIT NO. _____

PHONE: Business _____ Home _____

LOCATION 1100 TL 179 (Canvasback) TR Spring Run Dr. ~~Access~~
1/2 mi on Rt S. R. No. _____

SUBDIVISION NAME Mallard Head LOT NO. 127 SECTION OR BLOCK NO. _____

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

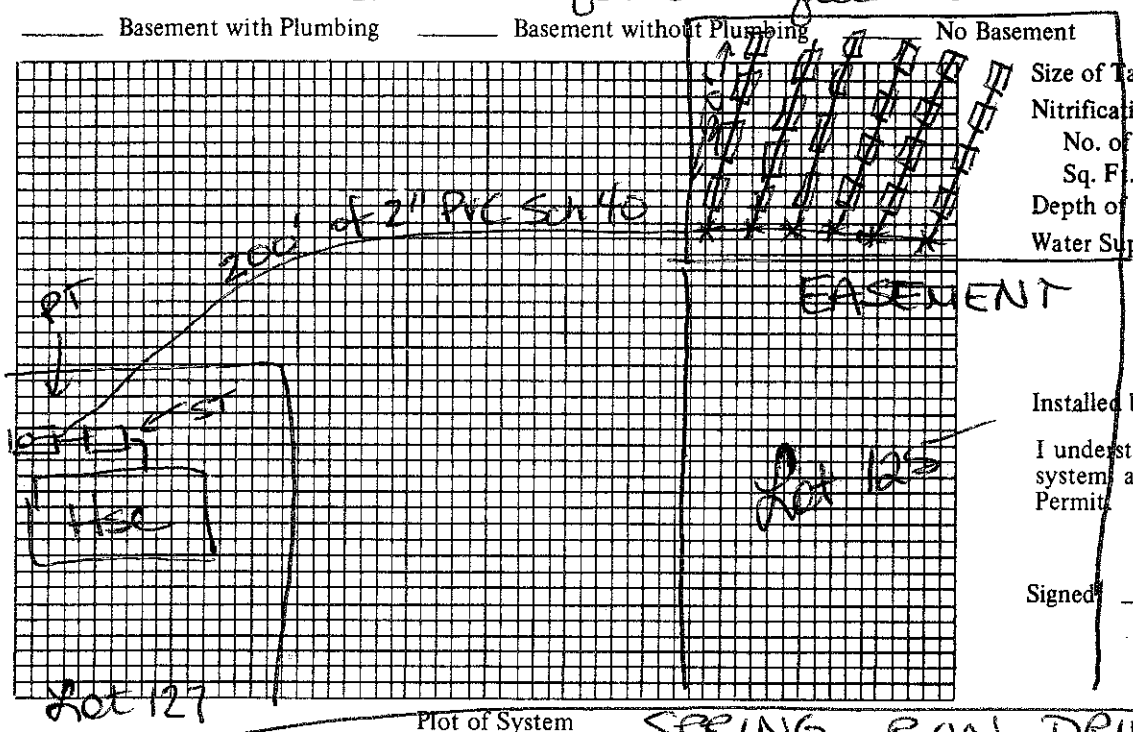
No. Bedrooms 3 No. Bathrooms 2
Garbage Disposal Unit Yes ( ) No (✓)
Auto. Dishwasher Yes (✓) No ( )
Auto. Wash. Machine Yes (✓) No ( )
Site Suitable Yes ( ) No ( )

Character & Porosity of Soil clay
Percolation Rate n.3
Topography 2-6%
Depth to Water Table 3'+
Rock or other impervious formations some scattered

Lot Area 50' X 120' easement for drainfield behind lot 125

_____ Basement with Plumbing _____ Basement without Plumbing _____ No Basement

1000gal
Size of Tank 1000 Gals.
Nitrification Field:
No. of Lines 6
Sq. Ft. _____ Linear Ft. 300' of
Depth of Stone in Lines 16" T&J panels
Water Supply: Individual ( )
Public (✓)



Plot of System SPRING RUN DRIVE

Installed by _____

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

Signed _____

IMPROVEMENTS PERMIT BY DRH

COMMENTS: Changed to a 3/4 HP pump

CERTIFICATE OF COMPLETION BY Andrew C. Green DATE 3/18/88

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