4636-75-9626

14493

IREDELL COUNTY HEALTH DEPARTMENT

IMPROVEMENT PERMIT AND CERTIFICATE OF COMPLETION / OPERATIONS PERMIT

OWNER OR CONTRACTOR Roger Pelchat DATE 11/20/92 PERMIT NO. 2K-9-A-128

PHONE: Business ______ Home 664-6981

LOCATION Spring Run Rd., Canvasback TR on Spring Run ~.75 mile on (R)

S.R. No. ______

SUBDIVISION NAME Mallard Head LOT NO. 128 SECTION OR BLOCK NO. ______

House ☑ Mobile Home ☐ Business ☐ Other ______

No. Bedrooms 3 No. Bathrooms 2.5

Garbage Disposal Unit Yes ☐ No ☑

Auto. Dishwasher Yes ☑ No ☐

Auto. Wash. Machine Yes ☑ No ☐

Lot Area ~26,000 FT²

Soil Characteristics P - SC / C-TRANS

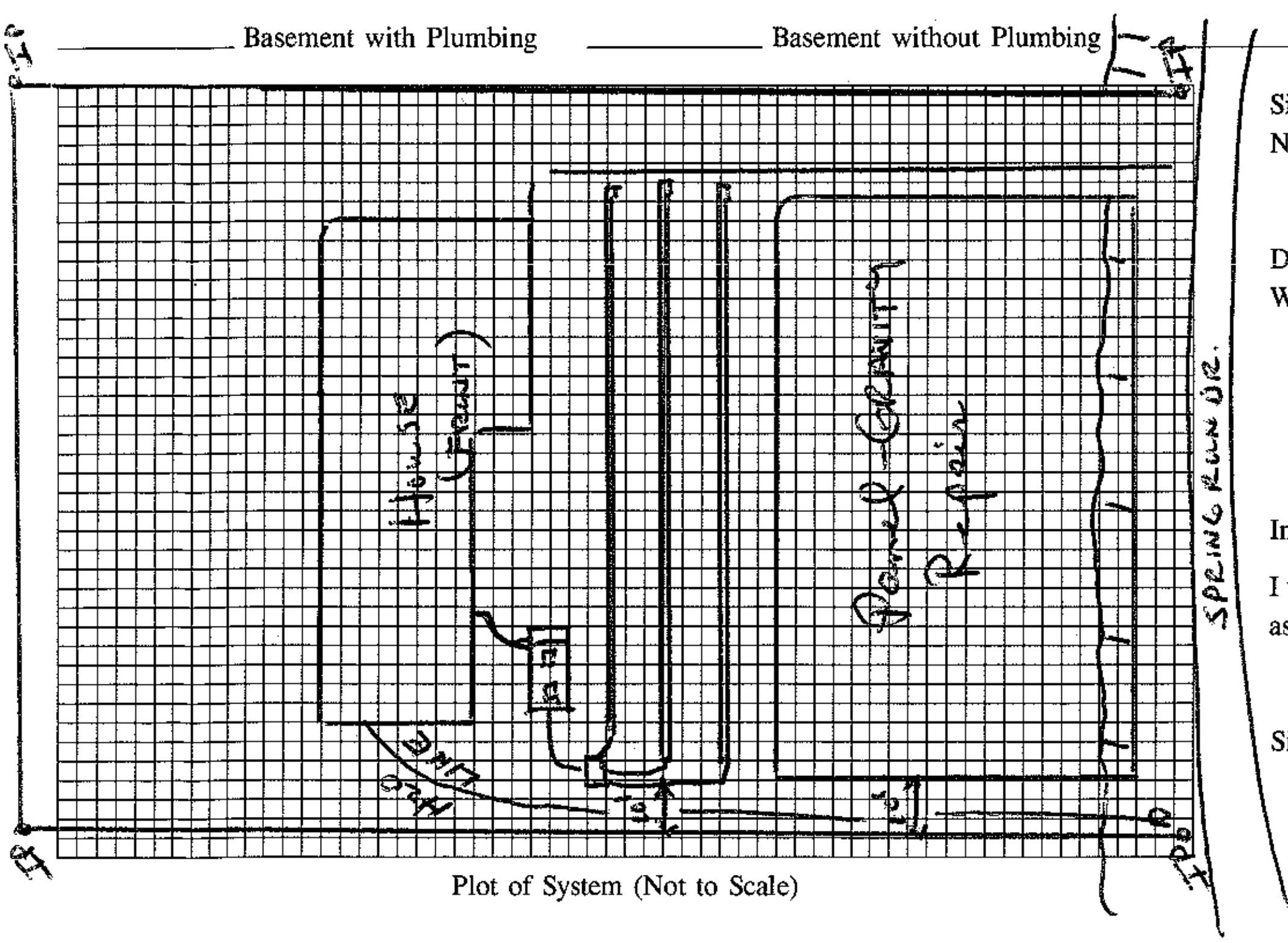
Application Rate P - .3 (SA-SP-FINE)

Topography S 2%

Depth to Water Table PS - 37-39"

Rock or other impervious formations S - None observed

______ Basement with Plumbing ______ Basement without Plumbing ______ No Basement ✓ Crawl Space



Plot of System (Not to Scale)

Size of Tank 1000 Gals.

Nitrification Field:

No. of Lines 3@75' x 2'

Sq. Ft. ______ Linear Ft. 225

Depth of Stone in Lines 6" SAND

Water Supply: Individual ☐ Public ☑ COMM SUPPLY

Installed by FJ Ervin

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

Signed: ______

(IMPROVEMENT PERMIT IS VALID FOR 60 MONTHS FROM DATE OF ISSUE.)

IMPROVEMENT PERMIT BY ______

COMMENTS Maximum trench depth of 28" - 6" of cover material available on site

CERTIFICATE OF COMPLETION BY Wesley Sparks R.S. DATE 11/20/92

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 unapproved changes are made to the site, and/or if any false information is supplied toward securing Improvement Permit.

Health Dept. Copy: White Inspection Dept. Copy: Yellow Sanitarian's Copy: Pink Owner's Copy: Gold