4636-76-9507

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 Joseph Mazzola DATE 9/24/86 PERMIT NO. 523

PHONE: Business _____ Home _____

LOCATION 1100 LF on 1179, Rt on Old Squaw, LF on Billy Joe's Blvd, Rt on Antaid Run, 2nd hse on Rt S. R. No. _____

SUBDIVISION NAME Mallard Head LOT NO. 137 SECTION OR BLOCK NO. _____

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

No. Bedrooms 3 No. Bathrooms 3

Garbage Disposal Unit	Yes	(✓)	No	( )
Auto. Dishwasher	Yes	(✓)	No	( )
Auto. Wash. Machine	Yes	(✓)	No	( )
Site Suitable	Yes	( )	No	( )

Character & Porosity of Soil _____

Percolation Rate _____

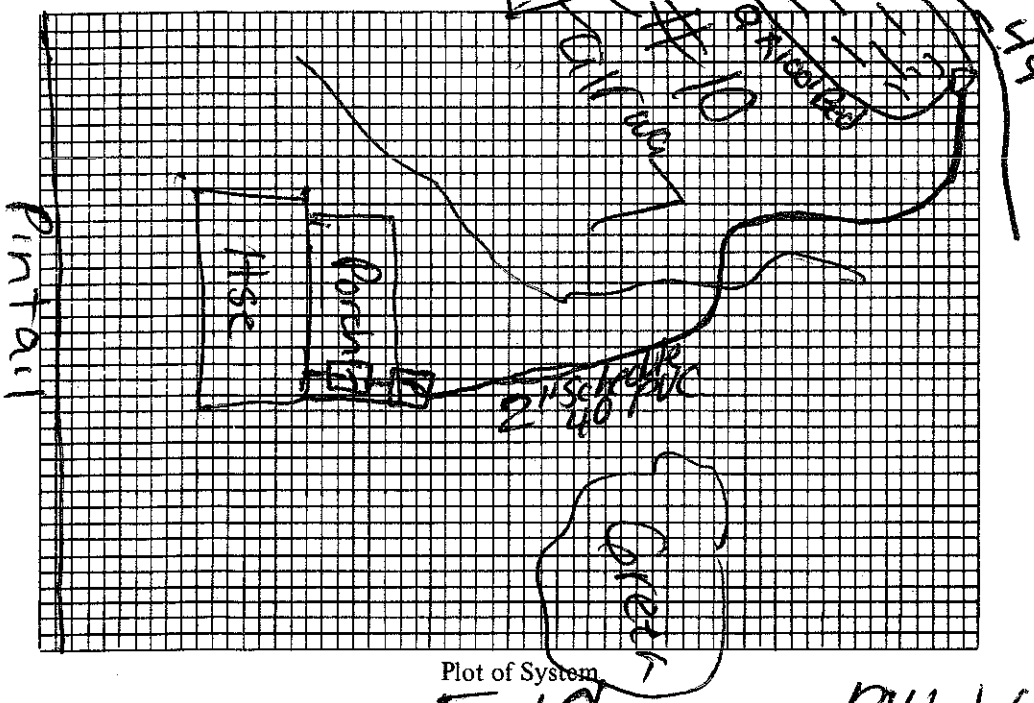
Topography EXISTING

Depth to Water Table _____

Rock or other impervious formations _____

Lot Area _____

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



Size of Tank _____ Gals.

Nitrification Field

No. of Lines EXISTING

Sq. Ft. _____ Linear Ft. _____

Depth of Stone in Lines _____

Water Supply: Individual ( )
Public (✓) Mallard Head

Installed by Questionable

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

Signed: _____

IMPROVEMENTS PERMIT BY Fred Demmer & RW Johnson

COMMENTS: System apparently not finalized before permanent electrical power was issued. System OK & functioning properly as of 9/24/86. HD has no way of knowing quality of installation or identity of installer.

CERTIFICATE OF COMPLETION BY _____ DATE _____

EXISTING SYSTEM CHECKED BY: _____ DATE 9/24/86

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