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 Paul Calloway DATE 5-25-84 PERMIT NO. 149

PHONE: Business _____ Home _____

LOCATION 150 W TL 1109 TR 1100 (Brawley School Rd) TL ON Conrosback (1179) TR (2nd Paved Rd) Drake TL on Billy Joe TR ~~Spring Run~~ Star S. R. No. _____

SUBDIVISION NAME Mallard Head LOT NO. 136 SECTION OR BLOCK NO. _____

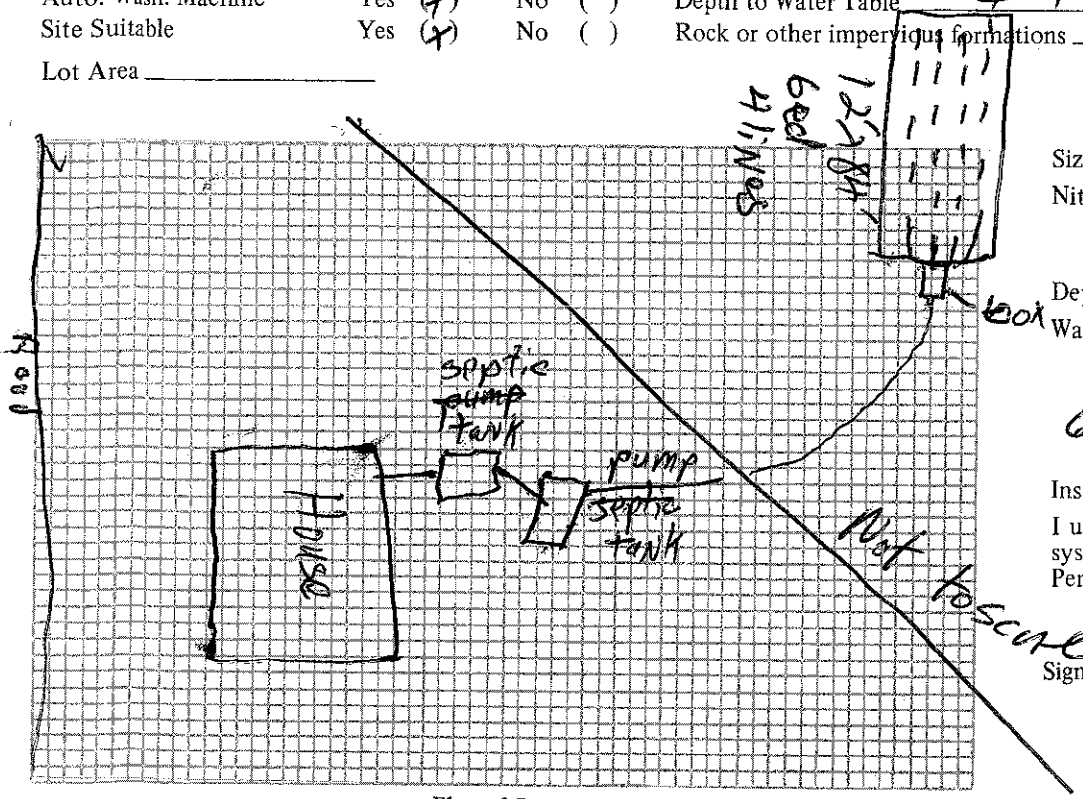
House (X) Mobile Home ( ) Business ( ) Other Lower low-pressure system pump to another lot

No. Bedrooms 3 No. Bathrooms 2

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

Character & Porosity of Soil clay loam
Percolation Rate 0.3 gal/ft²/day
Topography 2-8%
Depth to Water Table 24+
Rock or other impervious formations NONE

Lot Area _____



Plot of System

1000 pump tank

Size of Tank 1000 Gals.
Nitrification Field:
No. of Lines 12'x84' bed 4 lines
Sq. Ft. 1080 Linear Ft. 360
Depth of Stone in Lines 22
Water Supply: Individual ( )
Public (X)

640 LFT 2" ABS pump line

Installed by _____

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

Signed: _____

IMPROVEMENTS PERMIT BY Fred Clemmer

COMMENTS: _____

CERTIFICATE OF COMPLETION BY Fred Clemmer DATE 5-25-84
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