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 4-19-84 PERMIT NO. 82

PHONE: Business _____ Home _____

LOCATION 1100 ft. N 179 JR DRAKE TR Billy Joe's Blind TR Pintail Run 2nd LOT ON R S. R. No. _____

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

House (X) Mobile Home ( ) Business ( ) Other _____ Sewer Easement site

No. Bedroom 3 No. Bathrooms 2½

Garbage Disposal Unit Yes ( ) No (X)

Auto. Dishwasher Yes (X) No ( )

Auto. Wash. Machine Yes (X) No ( )

Site Suitable Yes (X) No ( )

Lot Area 20,000 Ft²+ + Sewer EA segment 60 x 100

Character & Porosity of Soil Clay

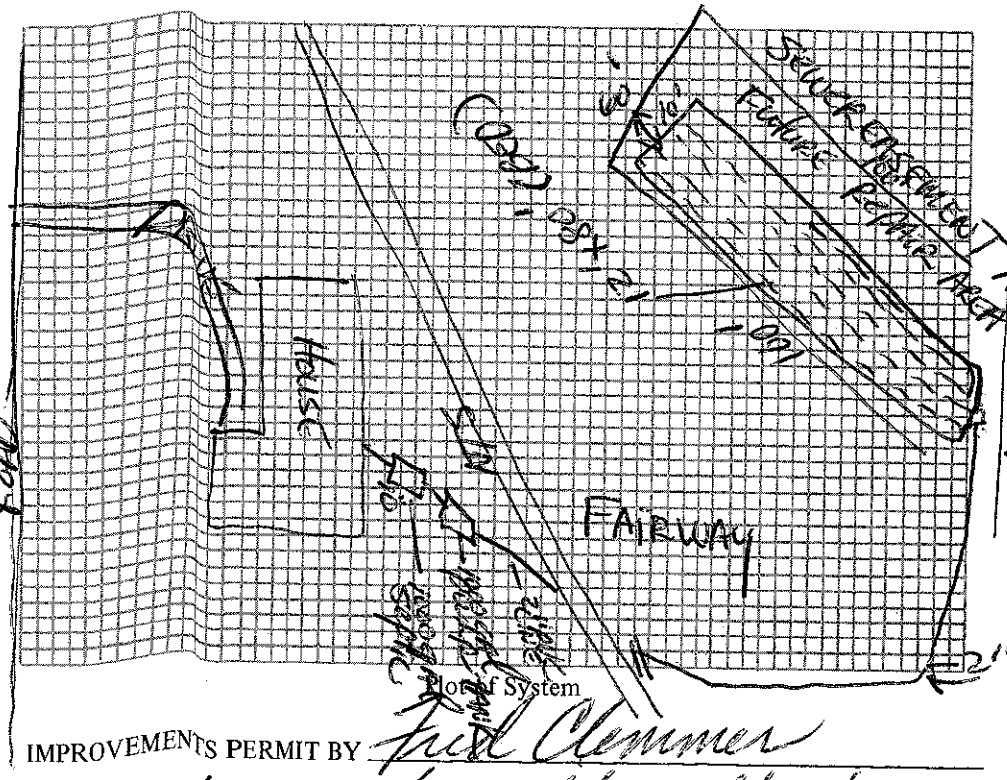
Percolation Rate 0.5 gal/ft²/day

Topography 2-6%

Depth to Water Table 4 ft

Rock or other impervious formations None obs.

1000 gal pump TANK



Size of Tank 1000 Gals.

Nitrification Field:

No. of Lines 4

Sq. Ft. ~~90~~ Linear Ft. 360'

Depth of Stone in Lines 12"

Water Supply: Individual ( )

Public (X) Community H2O

Installed by _____

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

Signed: ~~X~~ Paul T. Calloway

2" PVC Line from pump TANK

IMPROVEMENTS PERMIT BY Fred Clemmer

COMMENTS: use good quality effluent pump; keep drain field shallow about 1.5' covers, use Hi water alarm + use well tile Access to pump Chamber

CERTIFICATE OF COMPLETION BY _____ DATE _____

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