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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 Harry Davis DATE 8-14-81 PERMIT NO. 255

PHONE: Business ______ Home ______

LOCATION Bufflehead DR. on left at Cul-D-Sac

SUBDIVISION NAME Mallard Head S. R. No. ______

LOT NO. 22 SECTION OR BLOCK NO. ______

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

No. Bedrooms 4 No. Bathrooms 3

Garbage Disposal Unit Yes (✓) No ( )

Auto. Dishwasher Yes (✓) No ( )

Auto. Wash. Machine Yes (✓) No ( )

Site Suitable Yes (✓) No ( )

Lot Area ~20,000 ft²

Character & Porosity of Soil clay loam

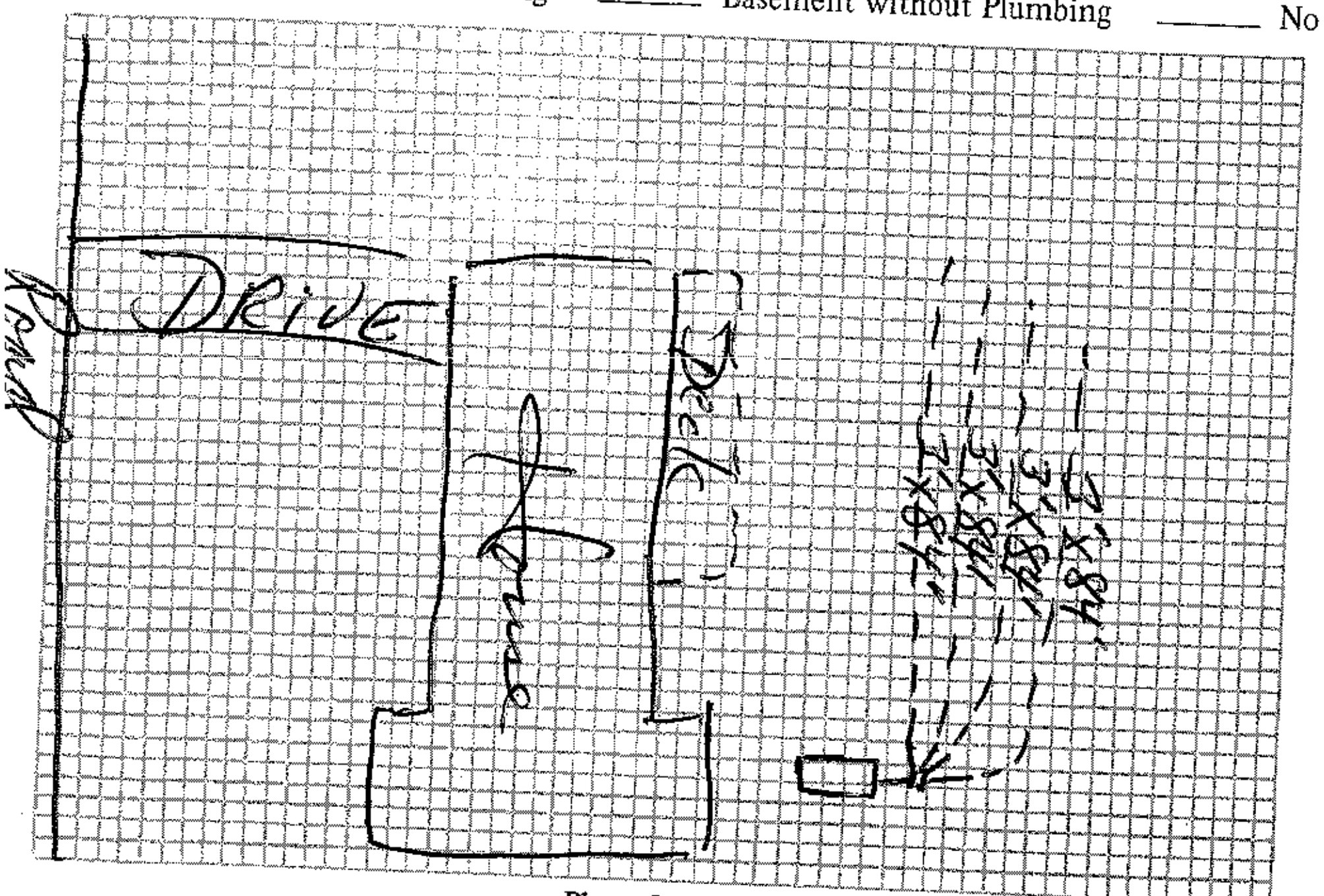
Percolation Rate ~80

Topography ~4%

Depth to Water Table unk.

Rock or other impervious formations none obs.

✓ Basement with Plumbing ______ Basement without Plumbing ______ No Basement



Plot of System

Size of Tank 1500 Gals.

Nitrification Field:

No. of Lines 4

Sq. Ft. 1000 Linear Ft. 333

Depth of Stone in Lines 10"

Water Supply: Individual ( )

Public (✓)

Installed by F. J. Ervin

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

Signed: ______

IMPROVEMENTS PERMIT BY DRH

COMMENTS: ______

CERTIFICATE OF COMPLETION BY David R. Hinson

EXISTING SYSTEM CHECKED BY: ______ DATE 8-14-81

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