IREDELL COUNTY HEALTH DEPARTMENT 4636774716

(SEPTIC TANK) IMPROVEMENTS PERMIT AND CERTIFICATE OF COMPLETION
(Ground Absorption Sewage Disposal System -- G. S. Chapter 130-Article 13C)

OWNER OR CONTRACTOR Bob THAYER DATE 11-21-84 PERMIT NO. 430

PHONE: Business _____ Home _____

LOCATION 1100 TL 4179 TR DRAKE DRIVE TL Bufflehead Dr on Rt

SUBDIVISION NAME Mallard Head LOT NO. 24 SECTION OR BLOCK NO. _____ S. R. No. _____

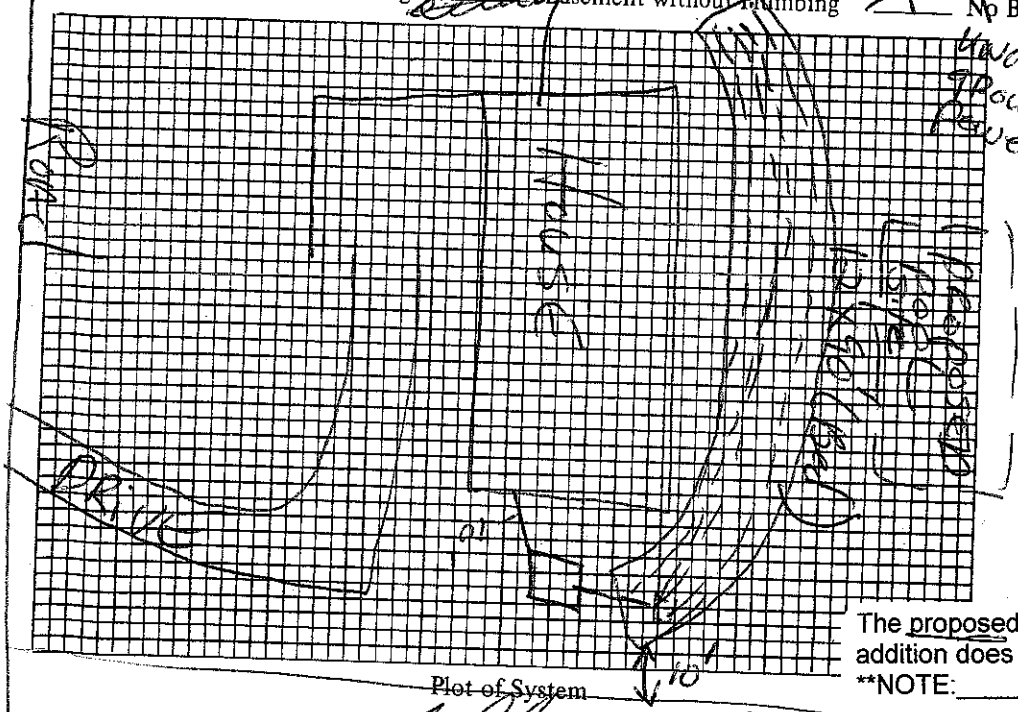
House ( ) Mobile Home ( ) Business ( ) Other _____

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 Lot Line

Lot Area 30,000 FT2

Character & Porosity of Soil Clay
Percolation Rate 0.5 3960/d
Topography Hilly
Depth to Water Table 4'
Rock or other impervious formations NONE obs.



Plot of System

Size of Tank 1500 Gals.
Nitrification Field:
No. of Lines 4
Sq. Ft. 1080 Linear Ft. 360
Depth of Stone in Lines 12"
Water Supply: Individual ( )
Public (X) MALLARD HEAD H2O
Installed by Edwek MAYER CAM Const.

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

Signed: _____

The proposed / existing BATHROOM addition does not appear to impact the existing septic system.
**NOTE: _____

IMPROVEMENTS PERMIT BY J Clemmer 30'7

Wesley Sparks R.S.
Date: 6/5/09
ICHD-Environmental Health Division

COMMENTS: _____

CERTIFICATE OF COMPLETION BY Fred Clemmer DATE 11-21-84

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