4636 77 7890 Type 4 Inspe

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 Jeffery R. Thomas DATE 11/15/88 PERMIT NO. _____

PHONE: Business _____ Home _____ Webbed F7

LOCATION 1100 TL 1179 (Canvasback) TR ~~Drake~~ TL Bufflehead 3rd lot on left. S. R. No. _____

SUBDIVISION NAME Mallard Head LOT NO. 27 SECTION OR BLOCK NO. _____

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

No. Bedrooms 3 No. Bathrooms 2

Garbage Disposal Unit Yes (✓) No ( )

Auto. Dishwasher Yes (✓) No ( )

Auto. Wash. Machine Yes (✓) No ( )

Site Suitable Yes ( ) No ( )

Lot Area easement behind lot 28 50'x100'

Character & Porosity of Soil easement area b/hind lot 28 clay

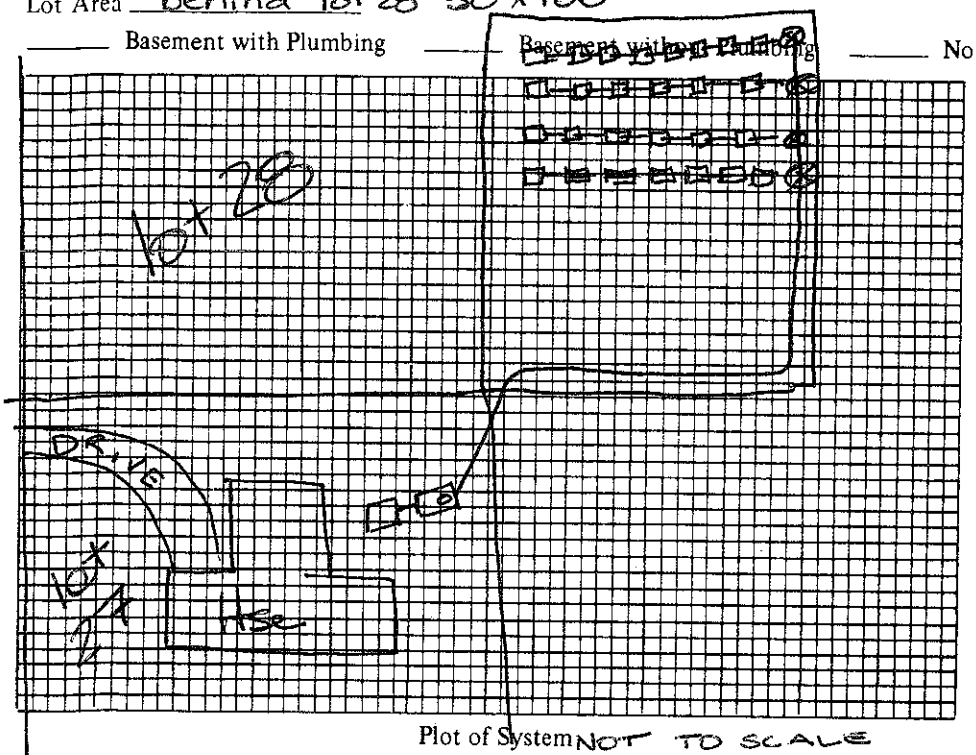
Percolation Rate .4

Topography 6%

Depth to Water Table 4'+

Rock or other impervious formations none observed

_____ Basement with Plumbing _____ ~~Basement without Plumbing~~ _____ No Basement P. Tank 1250



Plot of System NOT TO SCALE

Size of Tank 1250 Gals.

Nitrification Field:
No. of Lines 4
Sq. Ft. _____ Linear Ft. 160' of 16" T & J Panels.
Depth of Stone in Lines _____

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 Andre C. Pierce DATE 11/15/88

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