4036-78-9338

IREDELL COUNTY HEALTH DEPARTMENT

IMPROVEMENT PERMIT AND CERTIFICATE OF COMPLETION / OPERATIONS PERMIT

OWNER OR CONTRACTOR William O. Brown DATE April 20, '93 PERMIT NO. _____

PHONE: Business _____ Home _____

LOCATION 1108 TL 1179 TR Old Squaw TR. on left corner lot with Billy Joe's Blind S.R. No. _____

SUBDIVISION NAME Mallard Head LOT NO. 3 SECTION OR BLOCK NO. _____

Existing House ☑ Mobile Home ☐ Business ☐ Other Repair

No. Bedrooms 4 No. Bathrooms 4

Garbage Disposal Unit Yes ☐ No ☑

Auto. Dishwasher Yes ☑ No ☐

Auto. Wash. Machine Yes ☑ No ☐

Lot Area EXISTING

Soil Characteristics vfi clay

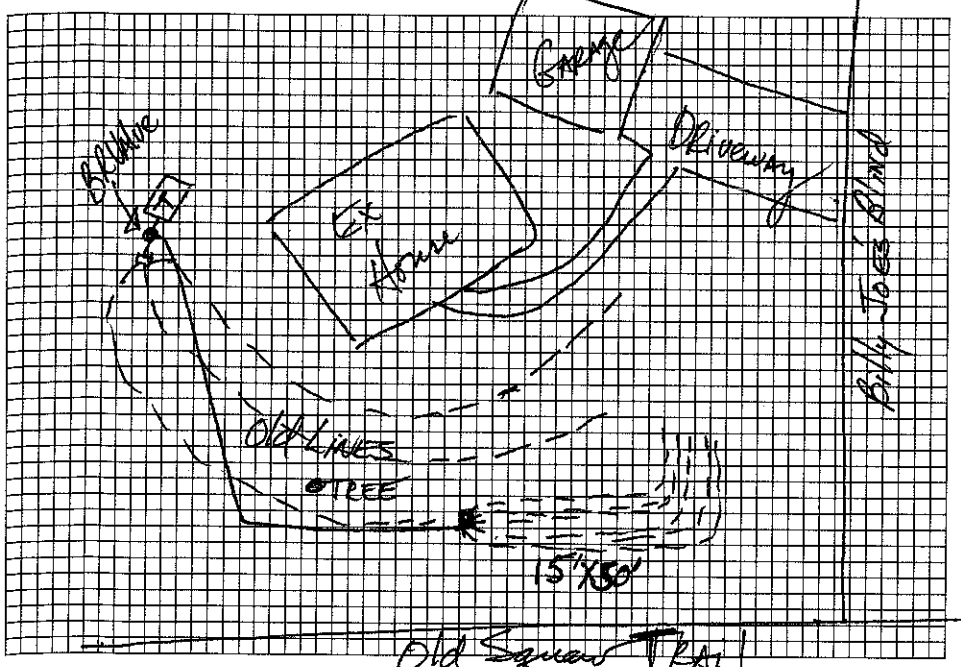
Application Rate ~ .2

Topography ~ 2-4%

Depth to Water Table ~ 3'+

Rock or other impervious formations NONE obs.

_____ Basement with Plumbing _____ Basement without Plumbing _____ No Basement ✓ Crawl Space



Plot of System (Not to Scale)

Size of Tank Existing Gals.

Nitrification Field:

No. of Lines 15'x50' Bed

Sq. Ft. 250 Linear Ft. 250

Depth of Stone in Lines 12"

Water Supply: Individual ☐ Public ☑ CW

Installed by J R Bowles

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

Signed: _____

(IMPROVEMENT PERMIT IS VALID FOR 60 MONTHS FROM DATE OF ISSUE.)

IMPROVEMENT PERMIT BY DRH

COMMENTS 3rd existing line encountered during construction of repair necessitating change and reduction in amount of repair. Any further repair will necessitate obtaining and pumping to suitable sewer easement area.

CERTIFICATE OF COMPLETION BY DR Hinson IRS DATE 4/20/93

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 unapproved changes are made to the site, and/or if any false information is supplied toward securing Improvement Permit.

Health Dept. Copy: White Inspection Dept. Copy: Yellow Sanitarian's Copy: Pink Owner's Copy: Gold