4636-83-1820

IREDELL COUNTY HEALTH DEPARTMENT

15750

IMPROVEMENT PERMIT AND CERTIFICATE OF COMPLETION / OPERATIONS PERMIT

Chris A. Becker AWS

OWNER OR CONTRACTOR ~~Glenwood Moore~~ DATE April 20, '93 PERMIT NO. 2K-9-A-113

PHONE: Business _____ Home _____

LOCATION 1100 TL 1179 TR Spring Run Drive ~ ¼ mile on right

S.R. No. _____

SUBDIVISION NAME Mallard Head LOT NO. 113 SECTION OR BLOCK NO. _____

House ☑ Mobile Home ☐ Business ☐ Other _____

No. Bedrooms 3 No. Bathrooms 2½

Garbage Disposal Unit Yes ☐ No ☑

Auto. Dishwasher Yes ☑ No ☐

Auto. Wash. Machine Yes ☑ No ☐

Lot Area ~120' x 170'

Soil Characteristics fi clay / silty clay trans.

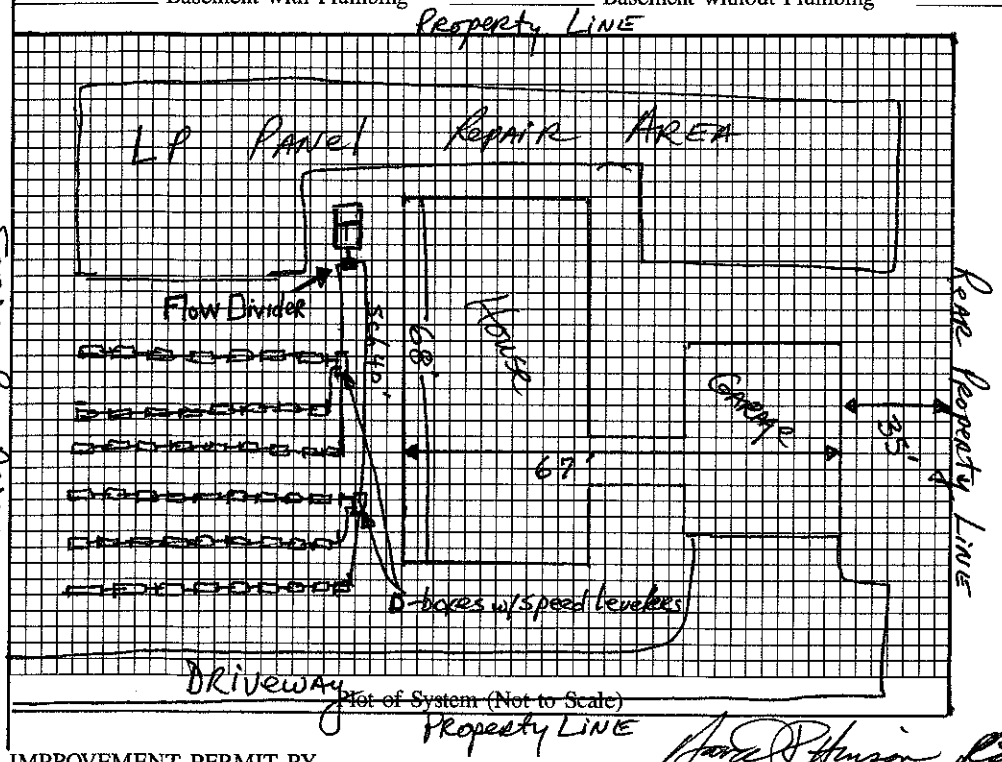
Application Rate .2 - .25 gal/ft²/day

Topography 4-6%

Depth to Water Table > 40"

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 1000 Gals.

Nitrification Field: 2 subfields 12/3/95

No. of Lines 5 3+2 5 AWS

Sq. Ft. _____ Linear Ft. 300' ea

Depth of Stone in Lines 16" PPBPS

Water Supply: Individual ☐ Public ☑ CW

Installed by _____

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

Signed: ~~X~~ Glenwood Moore

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

IMPROVEMENT PERMIT BY Jack Johnson RS

COMMENTS Keep laterals shallow — 28" trench bottom depth ± ON CONTOUR.

ST 794 Dellinger — 6-21-95

Upper laterals deep. Septic Tank oriented slightly different than shown.

Oct 12, '95 — House located closer to street than shown necessitating shorter laterals (10 @ 30' w/ Flow Divider)

~~CERTIFICATE OF COMPLETION~~ Operation permit BY Jack Johnson RS DATE 10-12-95

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