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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 E. Mark Haney DATE June 3, '88 PERMIT NO. _____

PHONE: Business _____ Home _____

LOCATION 1100 TL 1179 (Canvasback) TR Spring Run Drive
1/8-1/4 mile on Rt. S. R. No. _____

SUBDIVISION NAME Mallard Head LOT NO. 114 SECTION OR BLOCK NO. _____

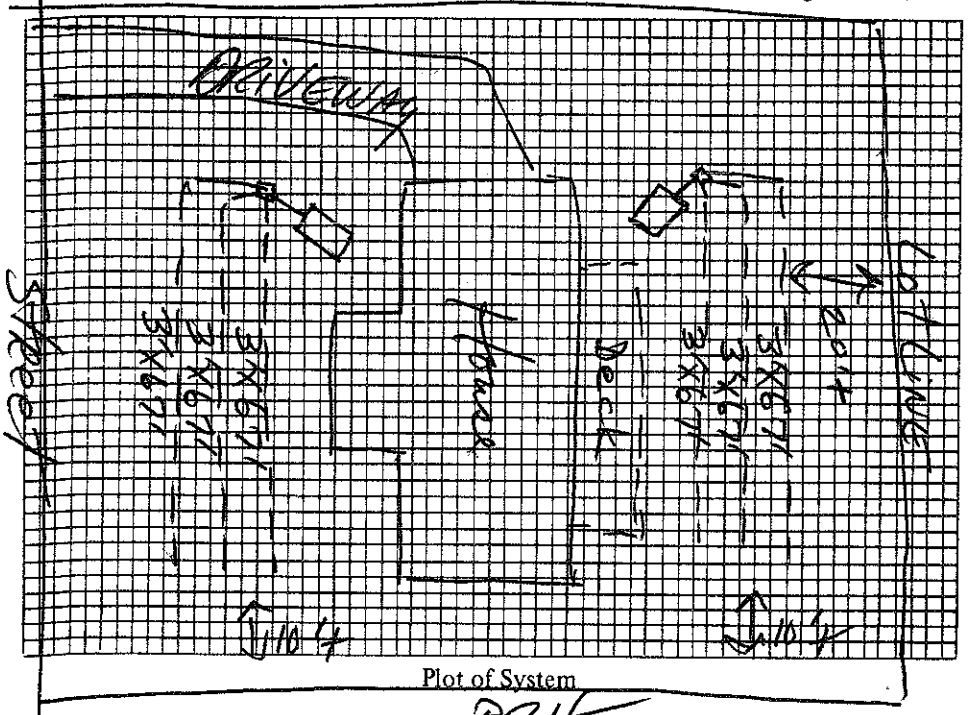
House (✓) Mobile Home ( ) Business ( ) Other _____

No. Bedrooms 3 No. Bathrooms 3

Garbage Disposal Unit	Yes (✓)	No ( )	Character & Porosity of Soil	clay	
Auto. Dishwasher	Yes (✓)	No ( )	Percolation Rate	2-3	
Auto. Wash. Machine	Yes (✓)	No ( )	Topography	2-4%	
Site ~~Suitable~~ PS	Yes (✓)	No ( )	Depth to Water Table	4'+	
Lot Area 20000 sq ft			Rock or other impervious formations	None Obs.	

_____ Basement with Plumbing _____ Basement without Plumbing ✓ No Basement

Split System - Front & Back Each



Size of Tank 900 Gals.

Nitrification Field:
No. of Lines 3
Sq. Ft. 600 Linear Ft. 200
Depth of Stone in Lines 12"

Water Supply: Individual ( )
Public ✓
Community Well

Installed by County

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 [signature], R.S. DATE June 3, '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