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IREDELL COUNTY HEALTH DEPARTMENT 4636 850016

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

OWNER OR CONTRACTOR James C. Telford DATE Jan. 23, '90 PERMIT NO. 2K-9-A-123

PHONE: Business _____ Home _____

LOCATION 1100 TR 1179 TR Spring Run Drive 1/2 mile on Right S. R. No. _____

SUBDIVISION NAME Mallard Head LOT NO. 123 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 ( )

Site Suitable Yes (✓) No ( )

Lot Area ~50'x120' easement

Easement Area

Character & Porosity of Soil ps clay

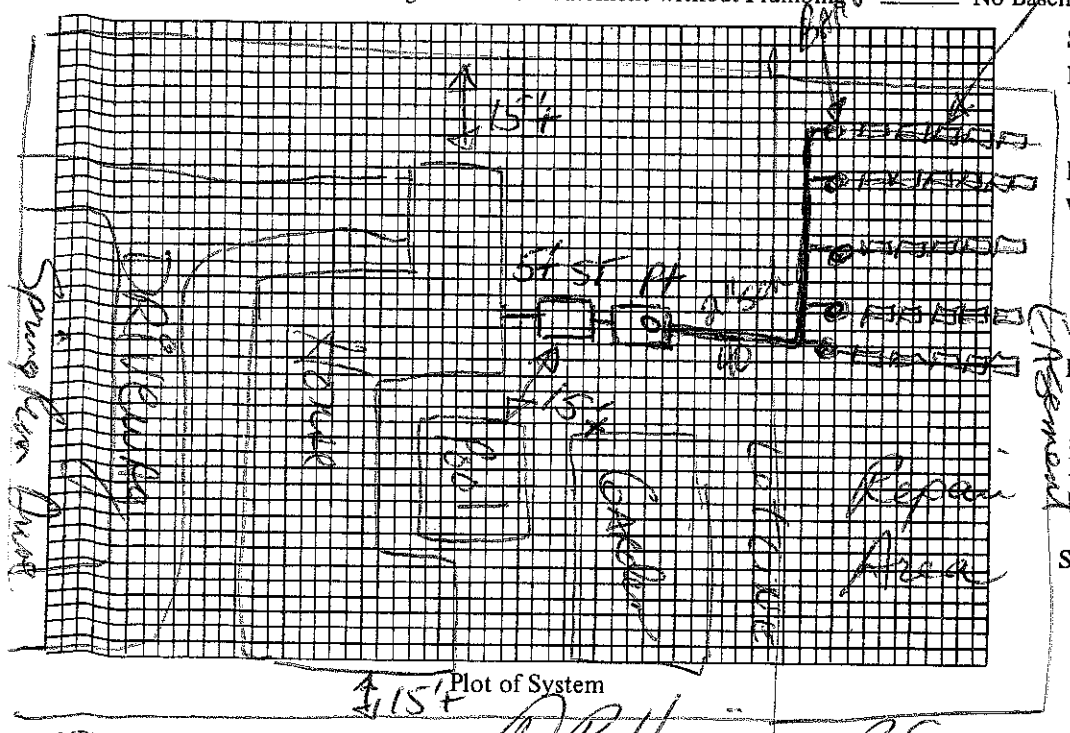
Percolation Rate 3

Topography 2%

Depth to Water Table 4ft

Rock or other impervious formations none obs.

_____ Basement with Plumbing _____ Basement without Plumbing ✓ No Basement



5 ditches 2'x40' each

1250 p.t.

Size of Tank 1250 Gals.

Nitrification Field:

No. of Lines 5

Sq. Ft. _____ Linear Ft. 200

Depth of Stone in Lines 16" 7" 10

Water Supply: Individual ( ) CW Public (✓) panels presently used

Installed by _____

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

Signed: James C Telford

IMPROVEMENTS PERMIT BY B. K. Hanson R.S.

COMMENTS: Maximum trench bottom depth of 32". Follow contours. Use 1½" sch 40 thru panels (46 panels total) with one 5/32" hole per panel. 2' pressure head. Pump specs 19 gal/min at approx 15' TDH.

CERTIFICATE OF COMPLETION BY _____ DATE _____

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