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IREDELL COUNTY HEALTH DEPARTMENT

IMPROVEMENT PERMIT AND CERTIFICATE OF COMPLETION / OPERATIONS PERMIT

OWNER OR CONTRACTOR Geoffrey Davidson DATE Dec 7, '92 PERMIT NO. 2K-9-A-124

PHONE: Business _____ Home _____

LOCATION Canvasback TR Spring Run Dr. ~ ¼-½ mile on right S.R. No. _____

SUBDIVISION NAME Mallard Head LOT NO. 124 SECTION OR BLOCK NO. _____
+ Septic Easement Area

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 ☐

Lot Area (74'x50' septic easement area)

Soil Characteristics firm clay

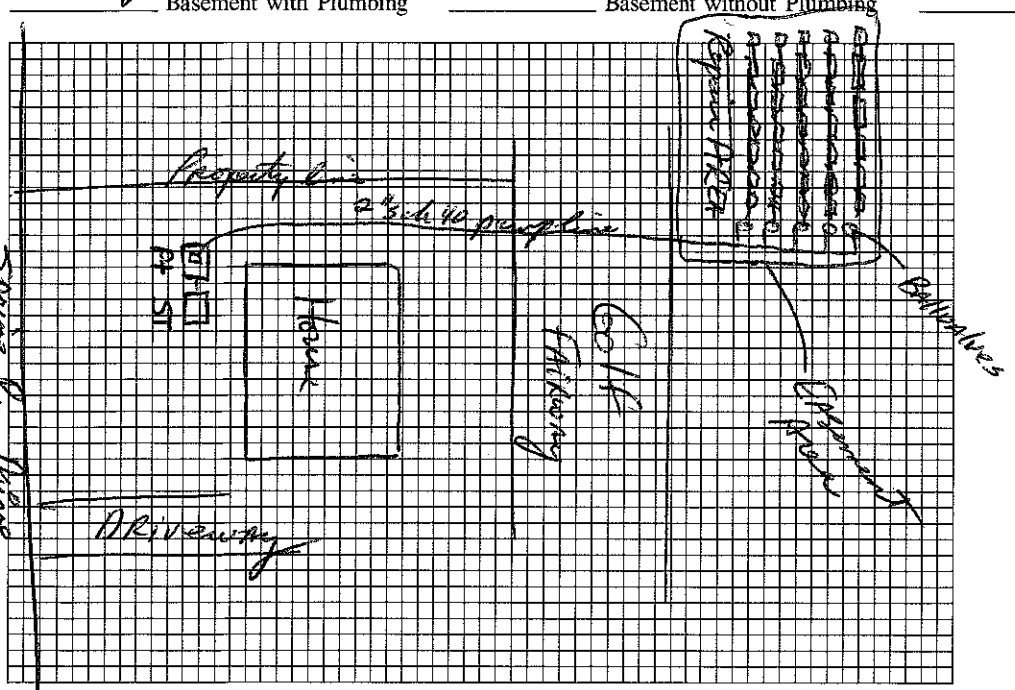
Application Rate 1,125 gall/dy

Topography 2-4%

Depth to Water Table ~ 4'

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 Septic 1250 / Pump 1500 Gals.

Nitrification Field:

No. of Lines 5

Sq. Ft. _____ Linear Ft. 225' of 16" PVC

Depth of Stone in Lines 16" PVC

Water Supply: Individual ☐ cw Public ☑ pressure load

Installed by FJ Erwin

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 System installed 11/16/92

Maintenance agreement rec'd. 12/3/92; copy of recorded easement rec'd. 12/7/92 DRH

Operation permit

CERTIFICATE OF COMPLETION BY DR Hinson, RS DATE 12/7/92

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