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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)

2K-9-A-125

OWNER OR CONTRACTOR Knox, Black, and Briggs DATE Feb. 8, 1990 PERMIT NO. ~~2H~~

PHONE: Business _____ Home 372-4359

LOCATION House: 1100 TL 1179 TR Spring Run ~ ½ way on R
Field: 1100 TL 1179 TR Old Squaw TL Billy Joe At end on R S. R. No. _____

SUBDIVISION NAME Mallard Head LOT NO. 125 SECTION OR BLOCK NO. _____

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

Easement:

No. Bedrooms 3 No. Bathrooms 2½

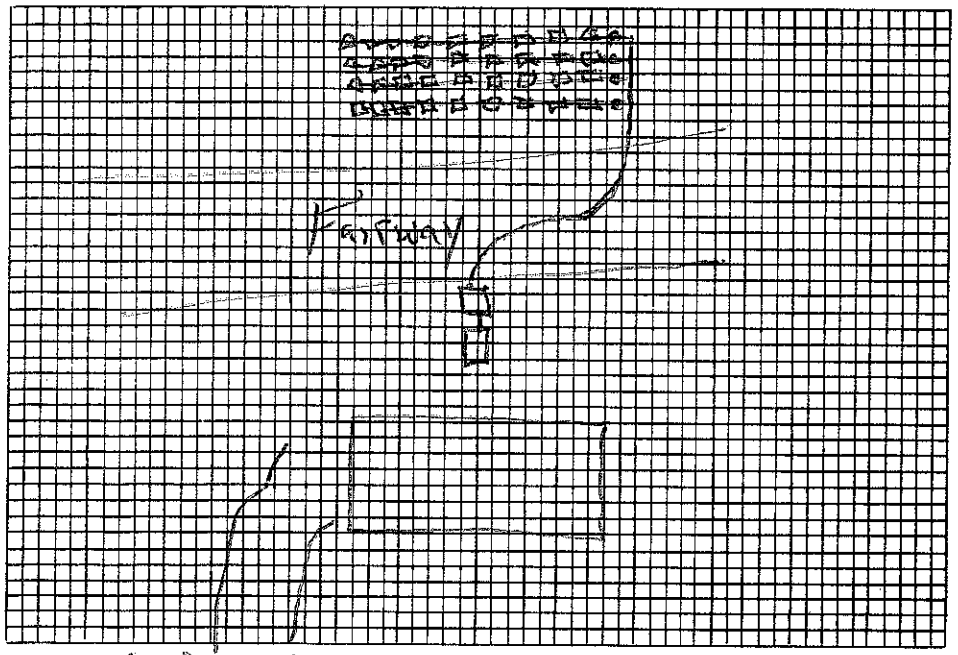
Garbage Disposal Unit	Yes	(✓)	No	( )	
Auto. Dishwasher	Yes	(✓)	No	( )	
Auto. Wash. Machine	Yes	(✓)	No	( )	
Site Suitable	Yes	(✓)	No	( )	

Character & Porosity of Soil clayey
Percolation Rate .35 gpd 1½"
Topography 2%
Depth to Water Table 4'+
Rock or other impervious formations none observed

Lot Area _____

_____ Basement with Plumbing ✓ Basement without Plumbing _____ No Basement

PT. 1250



Springrun Plot of System

Size of Tank 1250 Gals.

Nitrification Field:
No. of Lines 4
Sq. Ft. _____ Linear Ft. 16" T&T
Depth of Stone in Lines Panel Lines

Water Supply: Individual ( ) 160'
Public (✓) 4@40'
Community

Installed by Mike Learer

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

Signed: _____

IMPROVEMENTS PERMIT BY _____

COMMENTS: .7 HP Libertypump Blue supply line

Operation Permit

~~CERTIFICATE~~ OF ~~COMPLETION~~ BY Sam Ingram EHS DATE Feb. 8, 1990

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