10200

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 Knox, Black, and Briggs DATE 7/13/89 ~~PERMIT NO.~~ 21 A

PHONE: Business _____ Home 372-4359

LOCATION House: 1100 TL 1179 TR Spring Run ~ ½ way on R. A+ end on R.
Field: 1100 TL 1179 TR Old Squaw TL Billy Joe S. R. No. _____
Fairway #11.

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

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

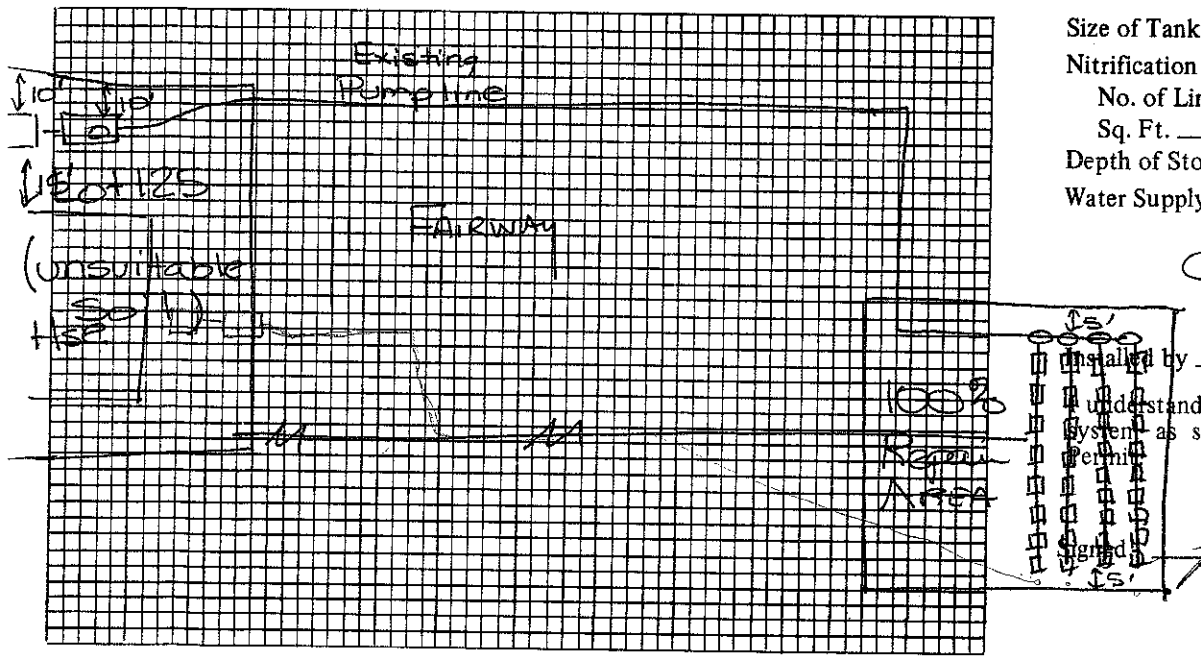
No. Bedrooms 3 No. Bathrooms 2½

Garbage Disposal Unit	Yes (✓)	No ( )	Character & Porosity of Soil	Clayey easement:
Auto. Dishwasher	Yes (✓)	No ( )	Percolation Rate	.35 gpd/ft2
Auto. Wash. Machine	Yes (✓)	No ( )	Topography	20%
Site Suitable	Yes (✓)	No ( )	Depth to Water Table	4'+
			Rock or other impervious formations	none observed

Lot Area _____

_____ Basement with Plumbing ✓ Basement without Plumbing _____ No Basement

P.T. 1250



Plot of System NOT TO SCALE

Size of Tank 1250 Gals.

Nitrification Field:
No. of Lines 4
Sq. Ft. _____ Linear Ft. 16" Tand
Depth of Stone in Lines J Panel lines

Water Supply: Individual ( ) 160'
Public (✓) Community

Installed by _____

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

Signed _____

IMPROVEMENTS PERMIT BY Andre C. Prince, R.S.

COMMENTS: Easement for lot 125 — Lot 125 is unsuitable
Pump across Cruse and pressurize field. We
will size pump when house is positioned.
Blue Supply line .7HP Libert pump

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