IREDELL COUNTY HEALTH DEPARTMENT 4636-85-2854

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

OWNER OR CONTRACTOR David Duane Lewis DATE 5-9-84 PERMIT NO. 128

PHONE: Business _____ Home _____

LOCATION 1100 TL 1179 TR Drake Drive TL Billy Joe's Blind at end on R S. R. No. _____

SUBDIVISION NAME Mallard Head LOT NO. 59 SECTION OR BLOCK NO. _____

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

No. Bedrooms 3 No. Bathrooms 2

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

Lot Area 20,000 ft² 50'x428' sewer easement

Sewer Easement soil conditions

Character & Porosity of Soil Clay

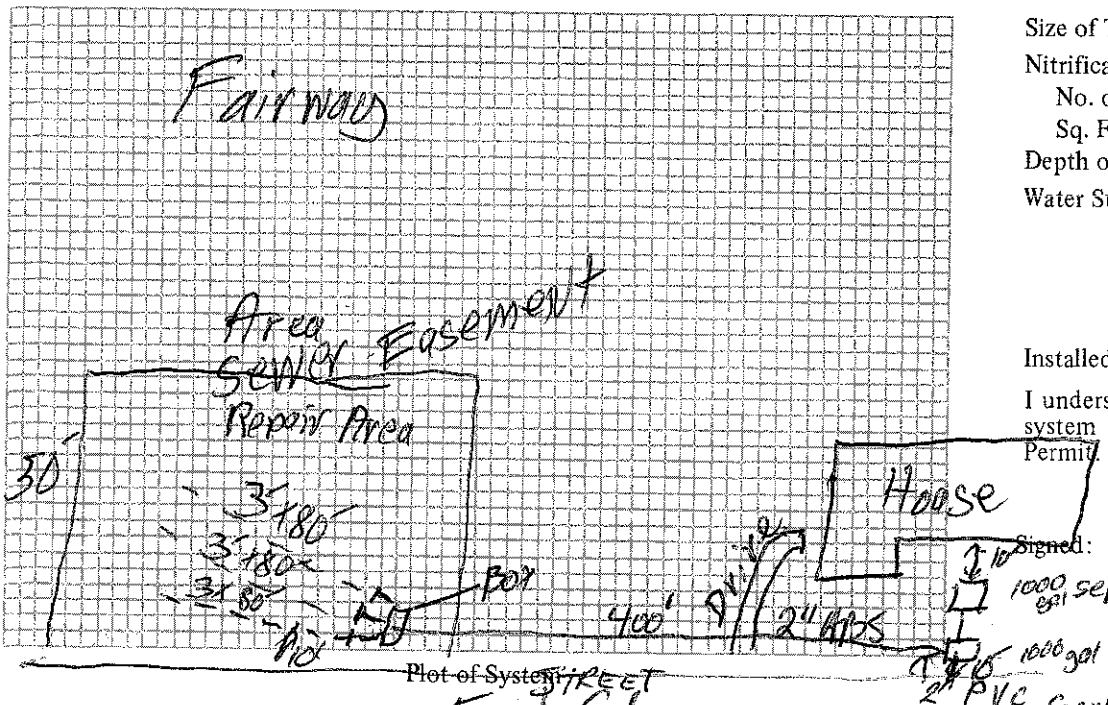
Percolation Rate 0.3 gal/ft²/day

Topography 2 4 0 7 0

Depth to Water Table 4'

Rock or other impervious formations None

1000 gal pump tank



Size of Tank 1000 Gals.

Nitrification Field:
No. of Lines 3
Sq. Ft. 720 Linear Ft. 240
Depth of Stone in Lines 12"

Water Supply: Individual ( )
Public (X)
community water

Installed by _____

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

Signed: _____

IMPROVEMENTS PERMIT BY Fred Clemmer

COMMENTS: _____

CERTIFICATE OF COMPLETION BY Charles R. Bennett DATE 5-9-84

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