4.00

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 David Duane Lewis DATE 4-19-84 PERMIT NO. 79

PHONE: Business _____ Home _____

LOCATION 1100 TR 1179 TR DRAKE Drive TR Billy Joe's Blind at end of road S. R. No. _____

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

House ( ) Mobile Home (X) 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 +

Character & Porosity of Soil Clay SEWER EASEMENT SOIL CONDITIONS

Percolation Rate 0.5 gpf 40% 4 ft²/day

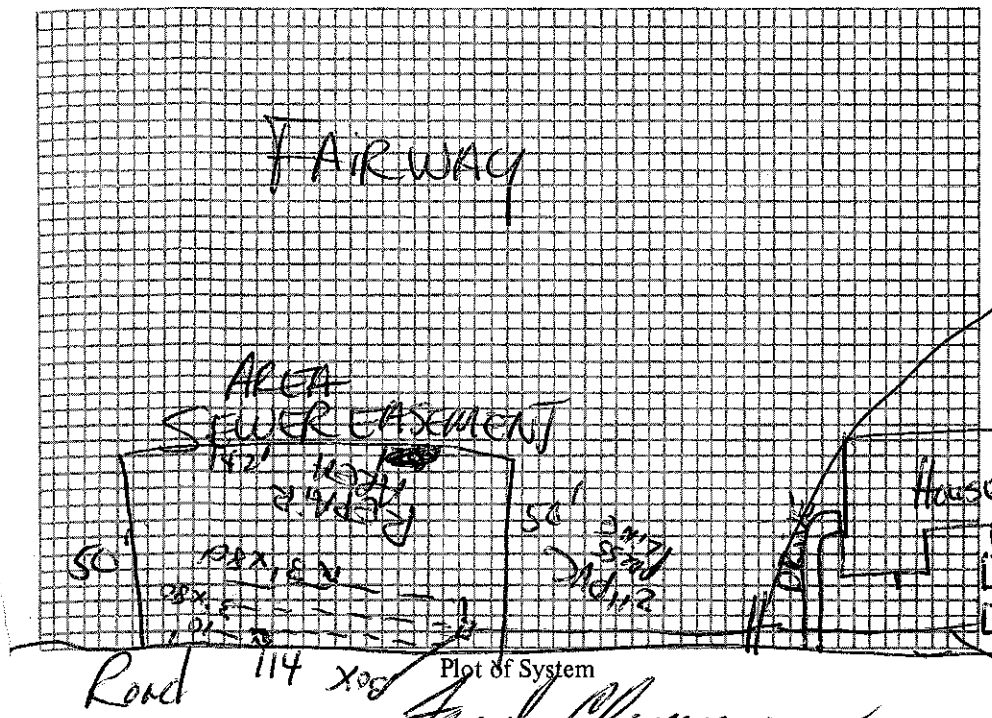
Topography _____

Depth to Water Table _____

Rock or other impervious formations NONE obs.

50' X 6' X 128' SEWER EASEMENT

1000 gal TANK pump



NTS

Size of Tank 1000 Gals.

Nitrification Field:

No. of Lines 3

Sq. Ft. 120 Linear Ft. 240

Depth of Stone in Lines 12"

Water Supply: Individual ( )

Public (X) Community H2O WATER System

Installed by _____

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

Signed: X _____

1 – 1000 gal septic TANK

1000 gal pump tank

2" PVC SEWER LINE

IMPROVEMENTS PERMIT BY Fred Clemmer

COMMENTS: Keep System Shallow About 1.5' COVER; use good quality effluent pump; use high water Alarm And Well tile access to pump Chamber

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