4636-85-2854

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 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. _____

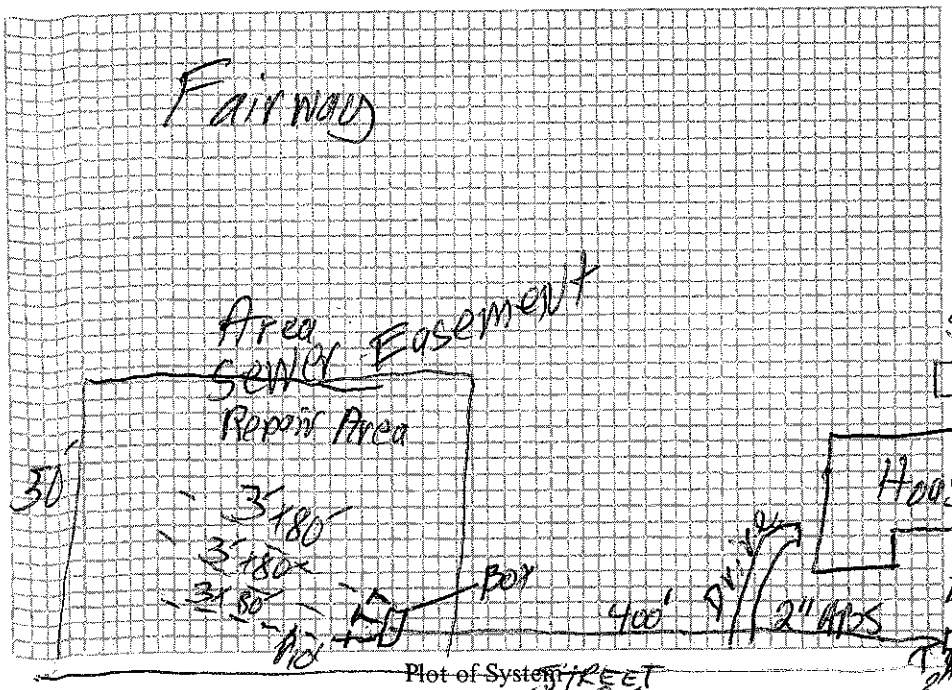
SUBDIVISION NAME Mallard Head LOT NO. 59 SECTION OR BLOCK NO. _____

House (X) Mobile Home ( ) Business ( ) Other _____ Sewer Easement soil condition

No. Bedrooms 3 No. Bathrooms 2

Garbage Disposal Unit	Yes ( )	No (X)	Character & Porosity of Soil	Clay	
Auto. Dishwasher	Yes (X)	No ( )	Percolation Rate	0.5 gal/ft²/day	
Auto. Wash. Machine	Yes (X)	No ( )	Topography	2 4 7 0 4	
Site Suitable	Yes (X)	No ( )	Depth to Water Table		
			Rock or other impervious formations	None	

Lot Area 20,000 ft² 50'x128' sewer easement 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

The ~~proposed~~ / existing Shed addition does not appear to impact the existing septic system.

COMMENTS: _____

**NOTE: Septic field is offsite

Cindy Melville R.S.
Date: 3-14-13
ICHD-Environmental Health Division

CERTIFICATE OF COMPLETION BY Charles K. 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