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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)

OWNER OR CONTRACTOR Olin Goodnight DATE 10-15-86 PERMIT NO. 553

PHONE: Business _____ Home _____

LOCATION 1100 TL 1179 TR Old Squaw TL Billy Joe Rd. on Rt. S. R. No. _____

SUBDIVISION NAME Mallard Head Country Club LOT NO. 54 SECTION OR BLOCK NO. _____

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

No. Bedrooms 3 No. Bathrooms 2½

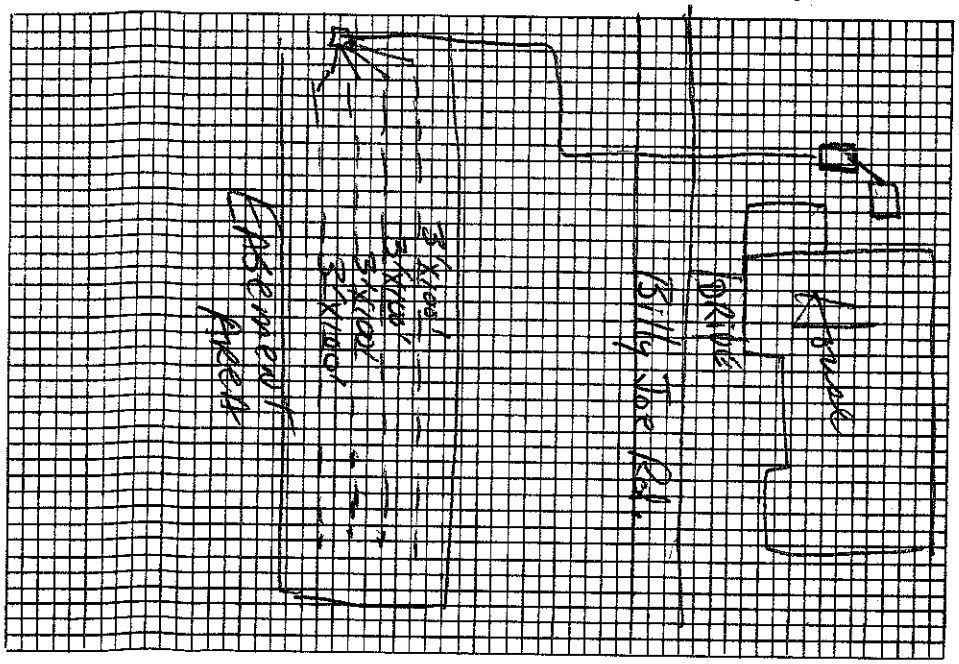
Garbage Disposal Unit	Yes ( )	No (✓)	
Auto. Dishwasher	Yes (✓)	No ( )	
Auto. Wash. Machine	Yes (✓)	No ( )	
Site Suitable	Yes (✓)	No ( )	

Character & Porosity of Soil clay
Percolation Rate 3
Topography 4 6 @
Depth to Water Table 4'+
Rock or other impervious formations none obs.

Lot Area _____

_____ Basement with Plumbing _____ Basement without Plumbing ✓ No Basement

1000 pump tank



Plot of System

Size of Tank 1000 Gals.
Nitrification Field:
No. of Lines 4
Sq. Ft. 1200 Linear Ft. 400
Depth of Stone in Lines 12"
Water Supply: Individual ( )
Public (✓)
Community Well
Installed by Denver Plumbing

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

Signed: _____

IMPROVEMENTS PERMIT BY J C Moore

COMMENTS: Tanks & Drainfield inspected 6-6-86 by J C Moore

CERTIFICATE OF COMPLETION BY David R. Hunsucker, RS DATE 10-15-86

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