1.30

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 4-10-86 PERMIT NO. 148

PHONE: Business _____ Home _____

LOCATION 1100 TL on Canvasback 2nd st. TR Then TL on Billy Joe Rd 300' on Rt.

S. R. No. _____

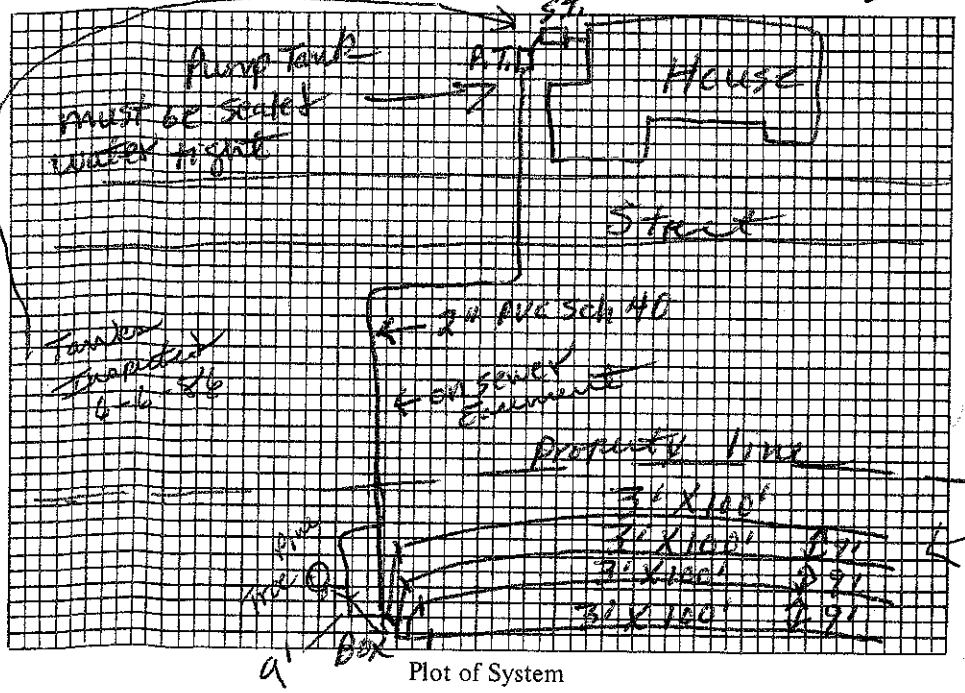
SUBDIVISION NAME Mallard Head LOT NO. 54 SECTION OR BLOCK NO. _____

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

No. Bedrooms 3	No. Bathrooms 2 1/2	Character & Porosity of Soil	Clayey
Garbage Disposal Unit	Yes ( ) No (✓)	Percolation Rate	3
Auto. Dishwasher	Yes (✓) No ( )	Topography	Level
Auto. Wash. Machine	Yes (✓) No ( )	Depth to Water Table	10'+
Site Suitable	Yes (✓) No ( )	Rock or other impervious formations	None

Lot Area Drainfield on Easement Mallard Head CC

_____ Basement with Plumbing _____ Basement without Plumbing ✓ No Basement



Plot of System

Size of Tank 1000 S.T. 1000 P.T. Gals.

Nitrification Field:
No. of Lines 4
Sq. Ft. 1200 Linear Ft. 400
Depth of Stone in Lines 12"

Water Supply: Individual ( )
Public (✓)

Installed by _____

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

Drain lines inspected 5-6-86

Signed: _____

make all electrical connections outside of Pump Tank in water proof box

IMPROVEMENTS PERMIT BY L. C. Moore

COMMENTS: Pump 250 gallons / dose use 1/2 hp effluent list Pump that pumps approx 25gal / min with Total Head of 25' use Two seperate circuits on panel One for pump another for high water Alarm.

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