4636 86 4229

IREDELL COUNTY HEALTH DEPARTMENT

10899

(SEPTIC TANK) IMPROVEMENTS PERMIT AND CERTIFICATE OF COMPLETION

(Ground Absorption Sewage Disposal System -- G. S. Chapter 130-Article 13C)

OWNER OR CONTRACTOR Roper Construction DATE Oct. 4, '90 PERMIT NO. 2K-9-B-67

PHONE: Business _____ Home _____

LOCATION 1100 TR 1179 TR Old Squaw Trail TR Billy Joe's Blvd on left S. R. No. _____

SUBDIVISION NAME Mallard Head LOT NO. 67 SECTION OR BLOCK NO. _____

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

No. Bedrooms 3 No. Bathrooms 2

Garbage Disposal Unit Yes (✓) No ( )

Auto. Dishwasher Yes (✓) No ( )

Auto. Wash. Machine Yes (✓) No ( )

Site ~~Suitable~~ Easement Area Yes (✓) No ( )

Lot Area 66'X100' Easement for Drainfield

Character & Porosity of Soil ps clay

Percolation Rate 20-35

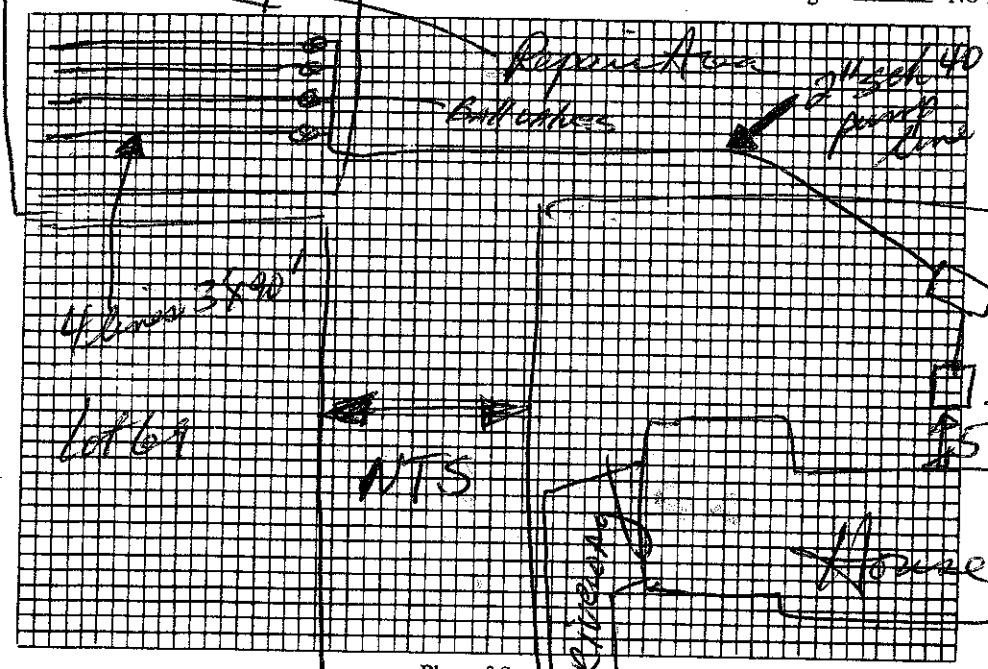
Topography 2-4%

Depth to Water Table 4'+

Rock or other impervious formations none obs.

_____ Basement with Plumbing _____ Basement without Plumbing ✓ No Basement

1500 pt.



Size of Tank 1500 Gals.

Nitrification Field:

No. of Lines 4

Sq. Ft. 1080 Linear Ft. 360

Depth of Stone in Lines 12"

~~Water Supply~~: Individual ( )

Public (✓ C.W.S.)

Installed by A. Gervin

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

Signed: _____

IMPROVEMENTS PERMIT BY _____

COMMENTS: _____

Alarm tested & functioning but not permanently mounted yet.

Operation permit

CERTIFICATE OF COMPLETION BY DR Hinson, EHS DATE 10-4-90

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