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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 Steve Harwell DATE 7/20/90 PERMIT NO. 2K-9-A-69

PHONE: Business _____ Home _____

LOCATION 1100 TL 1179 (Canvasback) TR Old Squaw TL Billy Joes Blind On left S. R. No. _____

SUBDIVISION NAME Mallard Head LOT NO. 69 SECTION OR BLOCK NO. _____

House (X) Mobile Home ( ) Business ( ) Other Extreme rear of lot

No. Bedrooms 3 No. Bathrooms 3½

Garbage Disposal Unit Yes (X) No ( )

Auto. Dishwasher Yes (X) No ( )

Auto. Wash. Machine Yes (X) No ( )

Site Suitable PS (rear) Yes (X) No ( )

Lot Area 125' x 160'

Character & Porosity of Soil PS clay to 24" ~.3

Percolation Rate 2.90

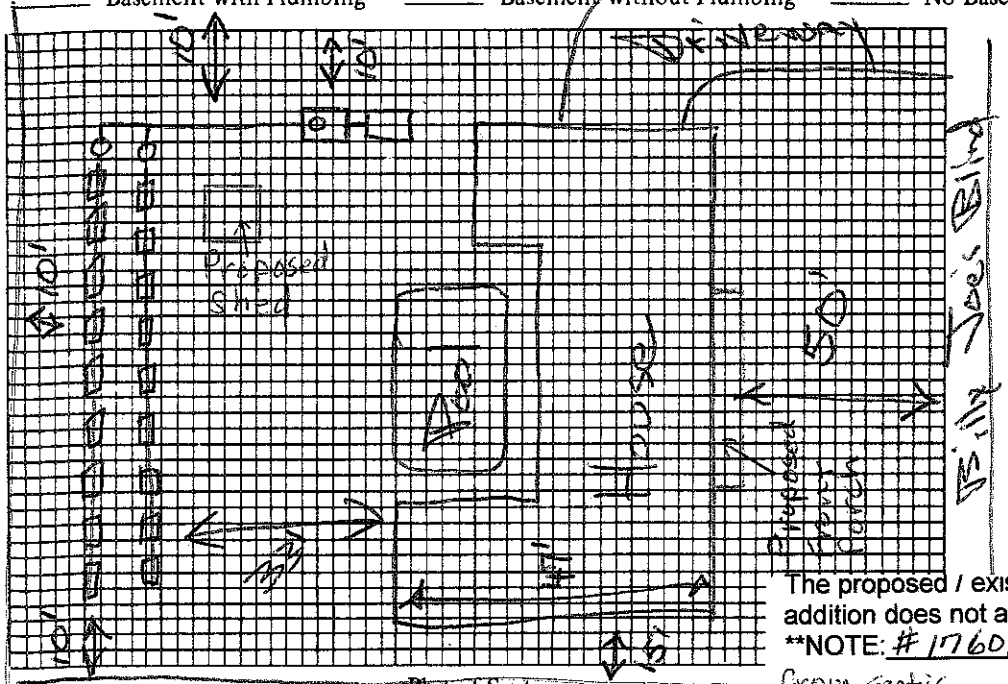
Topography 3' +

Depth to Water Table

Rock or other impervious formations none obs.

1000 FT

_____ Basement with Plumbing _____ Basement without Plumbing _____ No Basement



Size of Tank 1500 Gals.

Nitrification Field:

No. of Lines 2

Sq. Ft. _____ Linear Ft. 200'

Depth of Stone in Lines T + J

Water Supply: Individual ( )

Public (X) 16" C.W. (Panel)

Installed by Little Hawkins

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

Signed: _____

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

**NOTE: #1760270 + 1760300 Shed shall be min. 5' from septic system

Date: 11-27-12

ICHD-Environmental Health Division

IMPROVEMENTS PERMIT BY _____

COMMENTS: 1½" Laterals 2" Supply line

Operation Permit

CERTIFICATE OF COMPLETION BY Sam Ingram EHS DATE 7/20/90

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