4636 86 8025

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 LARRY CRIPPEN DATE 11/16/88 PERMIT NO. 21A

PHONE: Business _____ Home _____

LOCATION 1100 TL 1179 (Canvasback) on R. just past 2nd Wood Duck Lp. S. R. No. _____

SUBDIVISION NAME Mallard Head LOT NO. 85 SECTION OR BLOCK NO. _____

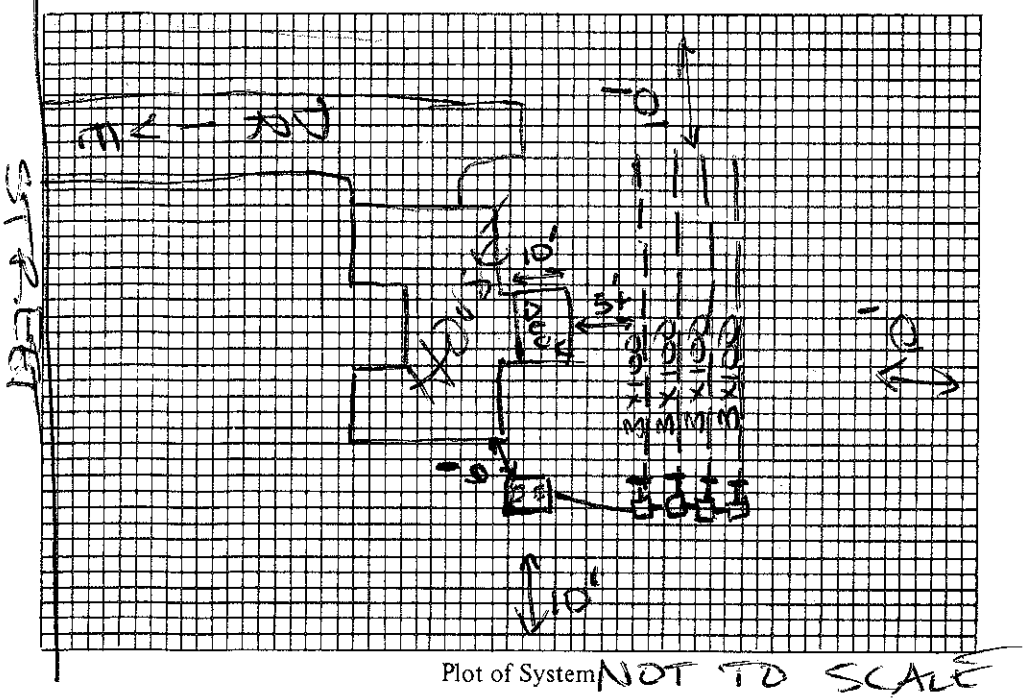
House (✓) Mobile Home ( ) Business ( ) Other _____

No. Bedrooms 3 No. Bathrooms 2½

Garbage Disposal Unit	Yes (✓)	No ( )	Character & Porosity of Soil	clay
Auto. Dishwasher	Yes (✓)	No ( )	Percolation Rate	3
Auto. Wash. Machine	Yes (✓)	No ( )	Topography	4-6
Site Suitable	Yes (✓)	No ( )	Depth to Water Table	4'+
			Rock or other impervious formations	none

Lot Area _____

_____ Basement with Plumbing _____ Basement without Plumbing ✓ No Basement



Plot of System NOT TO SCALE

Size of Tank 1250 Gals.

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

Water Supply: Individual ( )
Public CCW

Installed by Leazer

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

Signed: _____

IMPROVEMENTS PERMIT BY DRH

COMMENTS: _____

CERTIFICATE OF COMPLETION BY Andrew C. Price DATE 11/16/88

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