10719 4636-87-1854

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 Charles R. Setzer Jr. DATE Feb. 29, '90 PERMIT NO. 2K-10-A-31

PHONE: Business ________ Home ________

LOCATION 1100 TL 1179 (Cannonshack) TR Drake Drive
≈400' on left

SUBDIVISION NAME Mallard Head S. R. No. ________

LOT NO. 31 SECTION OR BLOCK NO. ________

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

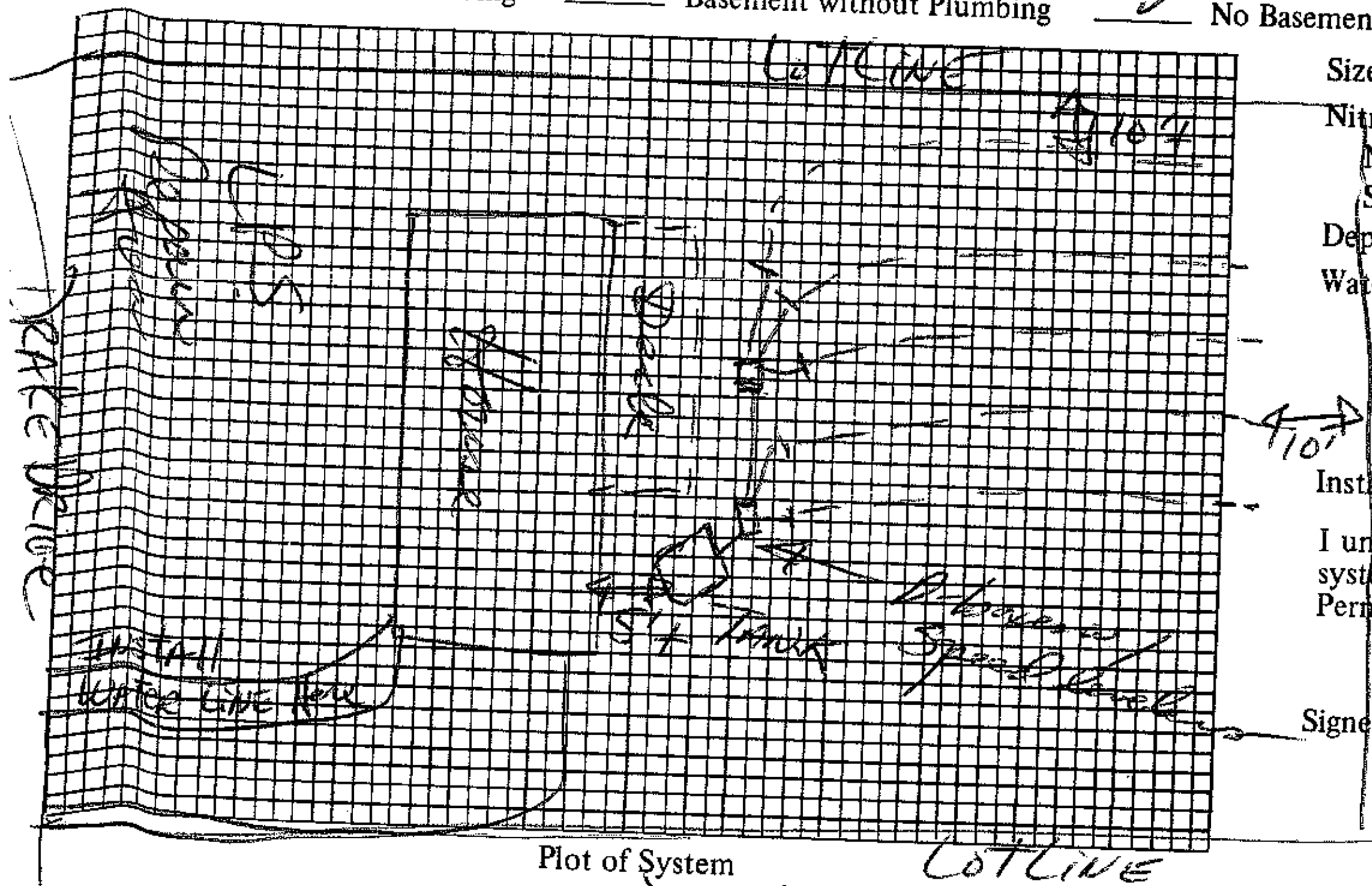
No. Bedrooms 3 No. Bathrooms 2½

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

Lot Area 20000 ft²

Character & Porosity of Soil PS clay
Percolation Rate PS 35
Topography 4%
Depth to Water Table 44
Rock or other impervious formations none obs.

___ Basement with Plumbing ___ Basement without Plumbing ✓ No Basement



Plot of System

Size of Tank 1000 Gals.

Nitrification Field:

No. of Lines 5

Sq. Ft. 1050 Linear Ft. 350

Depth of Stone in Lines 12"

Water Supply: Individual ( )

Public (✓) CW

Installed by Bob MacLeod
Carolina Landscaping

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

Signed: ________

IMPROVEMENTS PERMIT BY [signature]

COMMENTS: ________

CERTIFICATE OF COMPLETION BY [signature], EHS DATE 2-26-90

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