IREDELL COUNTY HEALTH DEPARTMENT

15440 IMPROVEMENT PERMIT AND CERTIFICATE OF COMPLETION / OPERATIONS PERMIT

OWNER OR CONTRACTOR Nancy Coffey DATE April 29, '93 PERMIT NO. 2K-10-A-30

PHONE: Business _____ Home _____

LOCATION 1100 TR 1179 TR Drake Drive ~500' on left

S.R. No. _____

SUBDIVISION NAME Mallard Head LOT NO. 32 SECTION OR BLOCK NO. _____

House ☑ Mobile Home ☐ Business ☐ Other _____ (relayout)

No. Bedrooms 3 No. Bathrooms 2

Garbage Disposal Unit Yes ☑ No ☐

Auto. Dishwasher Yes ☑ No ☐

Auto. Wash. Machine Yes ☑ No ☐

Lot Area ~20,000 sq ft

Soil Characteristics PS clay

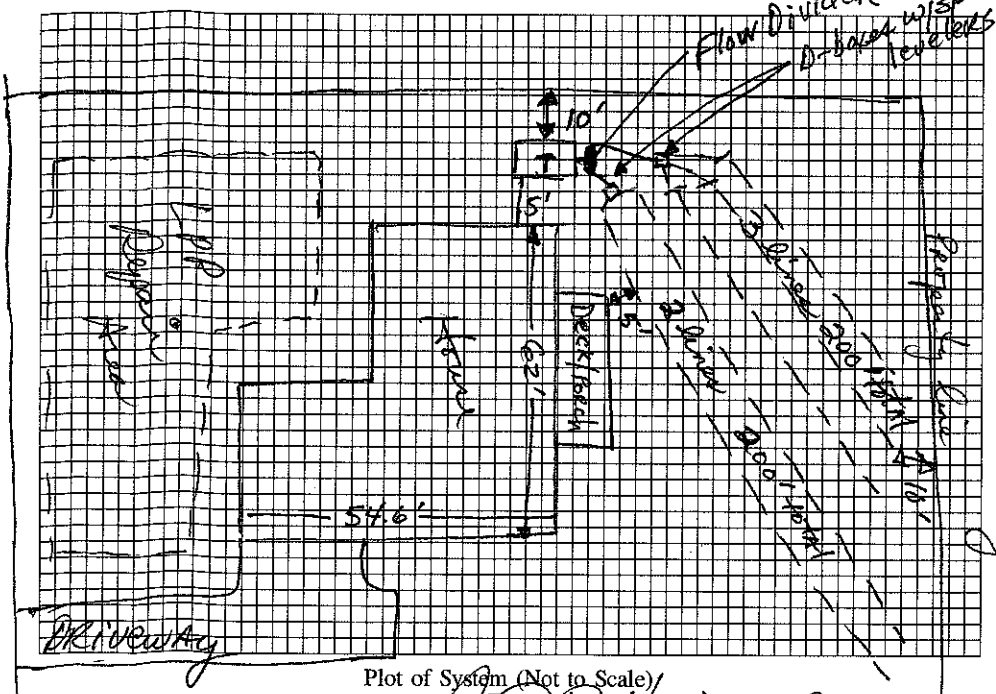
Application Rate .3

Topography 2%

Depth to Water Table > 4'

Rock or other impervious formations NONE OBS.

_____ Basement with Plumbing _____ Basement without Plumbing _____ No Basement ✓ Crawl Space



Plot of System (Not to Scale)

Size of Tank 1250 Gals.

Nitrification Field: 2 subfields (200' each)

No. of Lines 2+3

Sq. Ft. 1200 Linear Ft. 400

Depth of Stone in Lines 12"

Water Supply: Individual ☐ Public ☑ CW

Golf

Installed by _____

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

Signed: Nancy K. Coffey

(IMPROVEMENT PERMIT IS VALID FOR 60 MONTHS FROM DATE OF ISSUE.)

IMPROVEMENT PERMIT BY Jane R. Hinson, RS

COMMENTS Follow contour with drainfield - Keep drainfield shallow.

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 unapproved changes are made to the site, and/or if any false information is supplied toward securing Improvement Permit.

Health Dept. Copy: White Inspection Dept. Copy: Yellow Sanitarian's Copy: Pink Owner's Copy: Gold