4636874392

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 Paul B. Reynolds, JR DATE 10-4-85 PERMIT NO. 431

PHONE: Business _____ Home _____

LOCATION 1100 ft 1179 TR old Squaw Trail 2nd on R

_____ S. R. No. _____

SUBDIVISION NAME Mallard Head LOT NO. 39 SECTION OR BLOCK NO. _____

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

No. Bedrooms 3 No. Bathrooms 2½ Character & Porosity of Soil Clay

Garbage Disposal Unit Yes ( ) No (X) Percolation Rate 0.5 gal/ft²/day

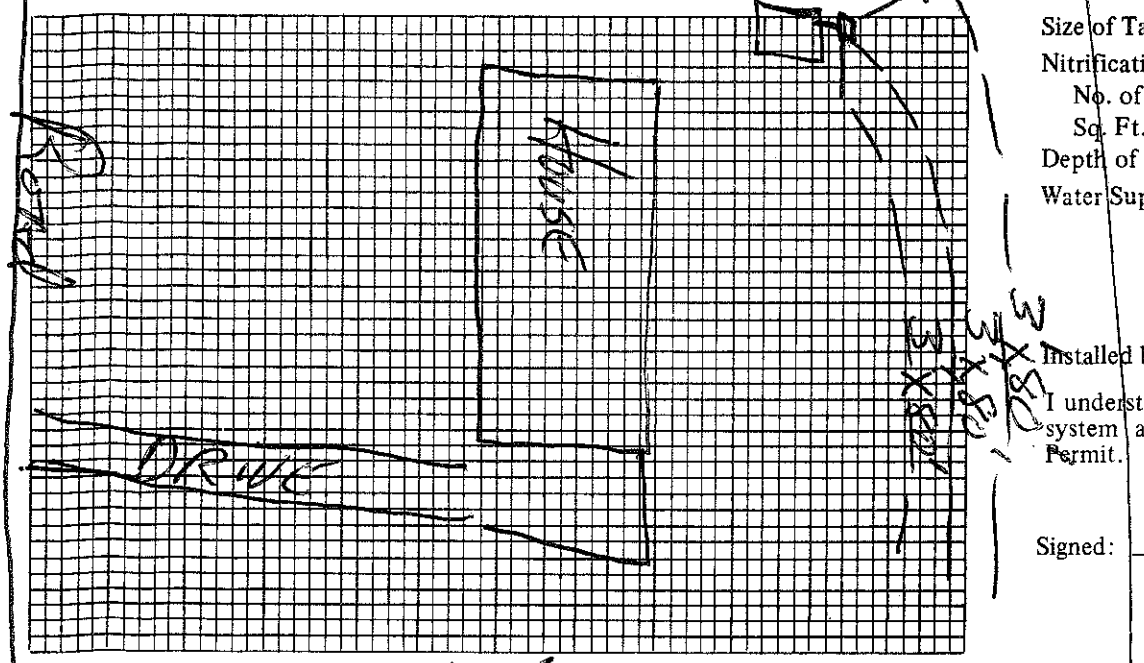
Auto. Dishwasher Yes (X) No ( ) Topography 2 to 4%

~~Auto. Wash. Machine~~ Yes (X) No ( ) Depth to Water Table _____

Site Suitable Yes (X) No ( ) Rock or other impervious ~~formations~~ NONE obs

Lot Area 20,000 Ft²

_____ Basement with Plumbing _____ Basement without Plumbing X No Basement



Size of Tank 1000 Gals.

Nitrification Field:
No. of Lines 3
Sq. Ft. 750 Linear Ft 250
Depth of Stone in Lines 12"

Water Supply: Individual ( )
Public (X) H2O System

Installed by F. J. Erwin Const.

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

Signed: _____

IMPROVEMENTS PERMIT BY Fred Clemmer

COMMENTS: _____

CERTIFICATE OF COMPLETION BY Fred Clemmer DATE 10-4-85

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