IREDELL COUNTY HEALTH DEPARTMENT 4636 881213 II

(SEPTIC TANK) IMPROVEMENTS PERMIT AND CERTIFICATE OF COMPLETION
(Ground Absorption Sewage Disposal System – G. S. Chapter 130-Article 13C)

OWNER OR CONTRACTOR Chris Adkins DATE 10-18-83 PERMIT NO. 359

PHONE: Business _____ Home _____

LOCATION 1109 & 1179 R Drake on R across from Buffalohead drive _____ S. R. No. _____

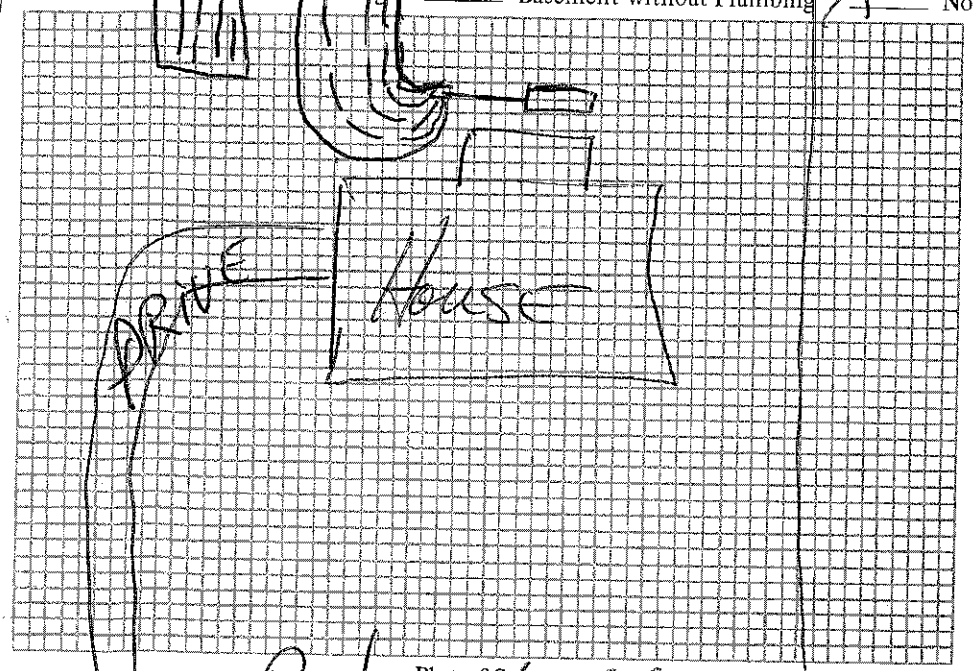
SUBDIVISION NAME MALLARD HEAD LOT NO. 7 SECTION OR BLOCK NO. _____

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

No. Bedrooms 3 No. Bathrooms 2

Garbage Disposal Unit Yes ( ) No (X)
Auto. Dishwasher 12'x60' Yes (X) No ( )
Auto. Wash. Machine — Yes (X) No ( )
Site Suitable Yes (X) No ( )
Lot Area 20,000 Sq Ft

Character & Porosity of Soil Clay loam
Percolation Rate 0-5 60 min/in
Topography Flat
Depth to Water Table 4'
Rock or other impervious formations None observed



Plot of System

_____ Basement with Plumbing _____ Basement without Plumbing X No Basement

Size of Tank 1000 Gals.
Nitrification Field:
No. of Lines 4
Sq. Ft. 1080 Linear Ft. 360
Depth of Stone in Lines 12"
Water Supply: Individual ( )
Public (X)

Installed by Cline + Gilland

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 10-18-83

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