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IREDELL COUNTY HEALTH DEPARTMENT

III

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

OWNER OR CONTRACTOR Craig Pelchat DATE Aug 24, '88 PERMIT NO. _____

PHONE: Business _____ Home _____

LOCATION 1100 TR 1179 (Cawastock) TR Drake Drive
3rd lot on Rt. S. R. No. _____

SUBDIVISION NAME Mallard Head LOT NO. 1C SECTION OR BLOCK NO. _____

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

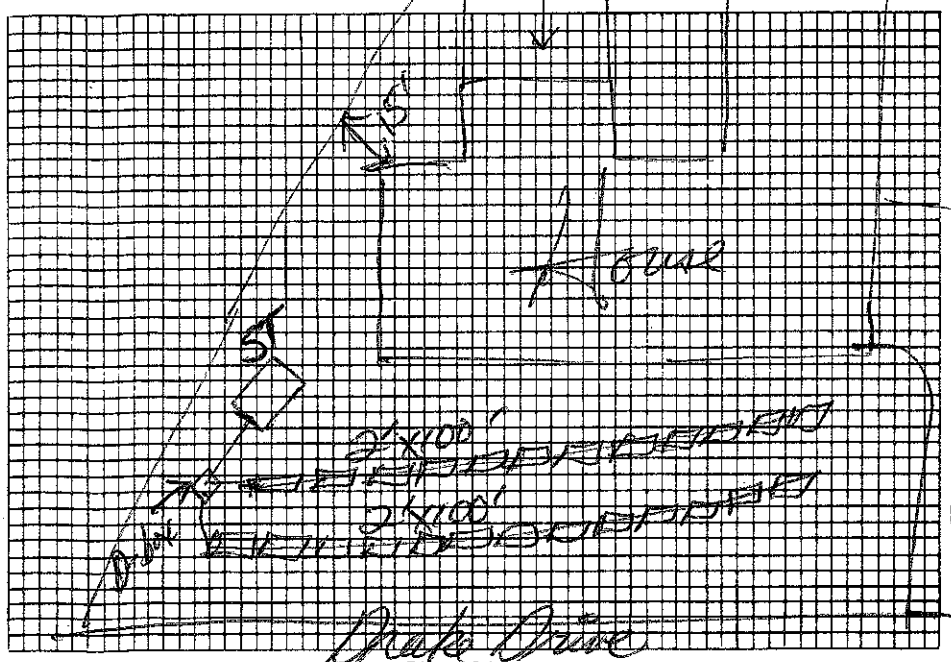
No. Bedrooms 3 No. Bathrooms 3

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

Lot Area 20000 ft²

Character & Porosity of Soil clay
Percolation Rate 2:3
Topography 2%
Depth to Water Table 4ft
Rock or other impervious formations none obs.

_____ Basement with Plumbing _____ Basement without Plumbing ✓ No Basement



Plot of System

Size of Tank 1250 Gals.

Nitrification Field:
No. of Lines 2
Sq. Ft. _____ Linear Ft. 200'
Depth of Stone in Lines 16" Top

Water Supply: Individual ( )
Public (✓) Clw

Installed by Jeff Pelchat

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

Signed: _____

IMPROVEMENTS PERMIT BY DRH

COMMENTS: _____

The proposed / existing Screened Porch addition does not appear to impact the existing septic system.
**NOTE: _____

Andy Melville R.S.
Date: 11-25-13
ICHD-Environmental Health Division

CERTIFICATE OF COMPLETION BY DR Hanson R.S. DATE 8-24-88

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