IREDELL COUNTY HEALTH DEPARTMENT 11:30

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

OWNER OR CONTRACTOR Frank Templeton DATE 12-2-85 PERMIT NO. 391

PHONE: Business _____ Home _____

LOCATION 1108 R 1179 on left below intersection of Spring Run Drive S. R. No. _____

SUBDIVISION NAME Woodland Hills LOT NO. 9 SECTION OR BLOCK NO. _____

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

No. Bedrooms 5 No. Bathrooms 4

Garbage Disposal Unit Yes ( ) No (X)
Auto. Dishwasher 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 gpf 24 hr
Topography 2-4%
Depth to Water Table _____
Rock or other impervious formations None obs

(X) Basement with Plumbing ( ) Basement without Plumbing ( ) No Basement

1000 gpl pump

Size of Tank 1500 Gals.

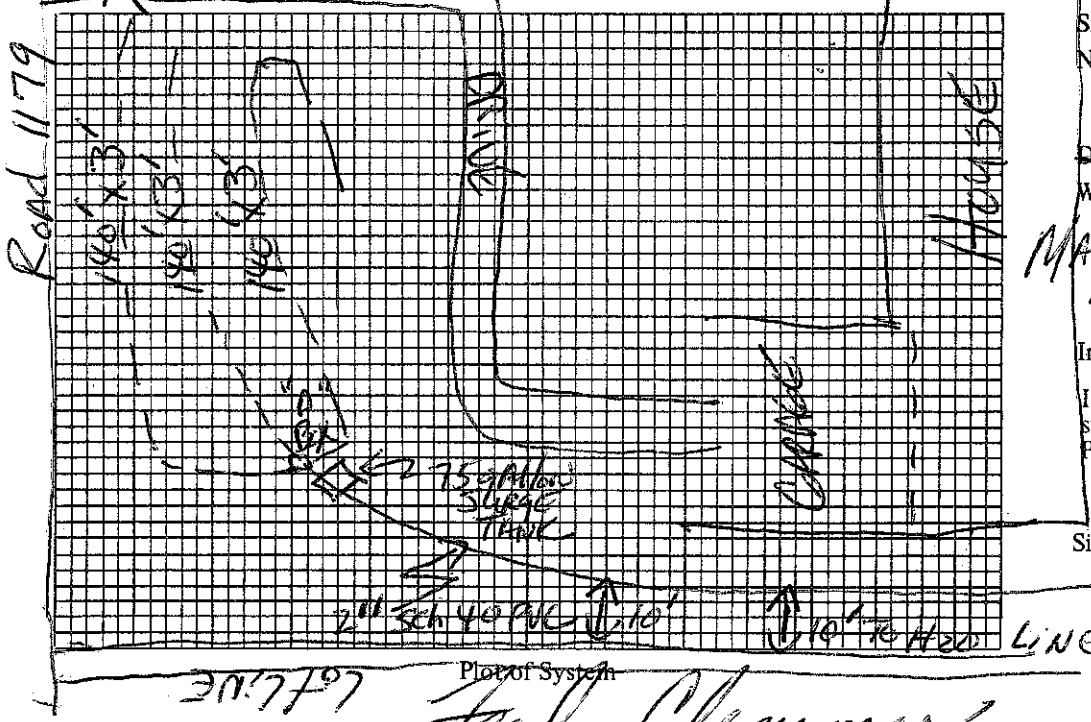
Nitrification Field:
No. of Lines 3
Sq. Ft. 1260 Linear Ft. 420
Depth of Stone in Lines 12"

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

Installed by Pump Tank

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

Signed: X [signature]



IMPROVEMENTS PERMIT BY Ted Clemmer

COMMENTS: Keep system shallow, follow contours

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 false information is supplied in making Improvements Permit.

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