03669

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 MULLICAN DATE 10-9-85. PERMIT NO. _____

PHONE: Business _____ Home _____

LOCATION East Monbo Rd. near end on left - enter Heronwood - go to horseshoe circle on back side - T.R. - 200 on left. S. R. No. _____

SUBDIVISION NAME HERONWOOD DEV. LOT NO. 28 SECTION OR BLOCK NO. _____

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

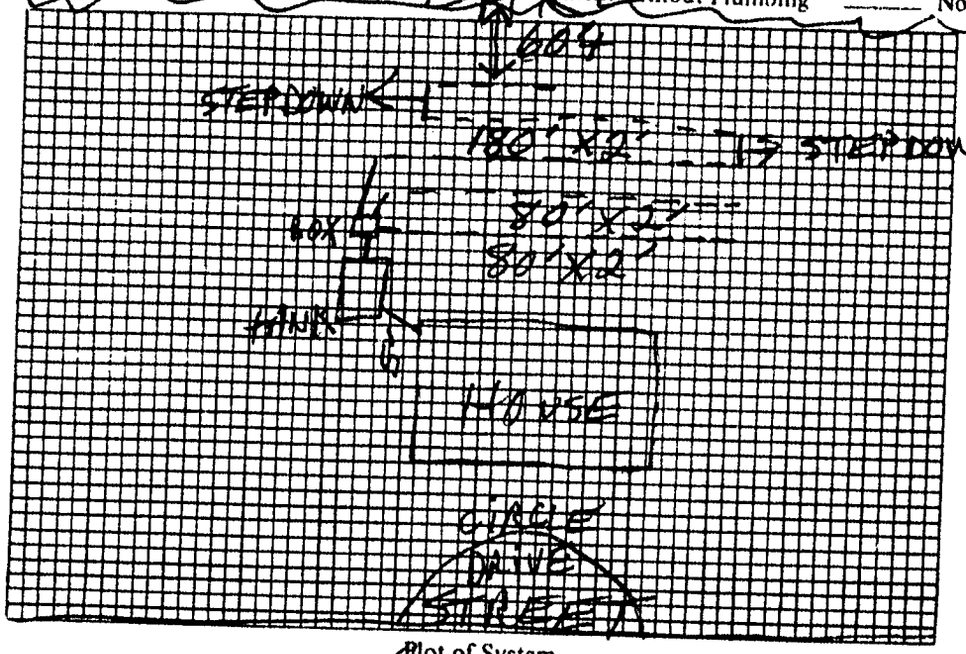
No. Bedrooms 7 No. Bathrooms 4

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

Lot Area 110' X 247'

Character & Porosity of Soil Prov. Suitable
Percolation Rate .5 gal./sq. ft.
Topography 6-10%
Depth to Water Table 10'+
Rock or other impervious formations none observed.

(✓) Basement with Plumbing ( ) Basement without Plumbing ( ) No Basement



Plot of System

Size of Tank 1500 Gals.
Nitrification Field:
No. of Lines 3
Sq. Ft. 680 Linear Ft. 340
Depth of Stone in Lines 12" and under
Water Supply: Individual (•) Panels.
Public ( )
TFS Panel System - 16" Panels.
Installed by Donald Lackey

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

Signed: _____

IMPROVEMENTS PERMIT BY Steve Brown

COMMENTS: Pipe all downspouts & gutters away from septic tank system.

CERTIFICATE OF COMPLETION BY Steve Brown DATE 10-9-85

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