Quail Ridge Rd ? 4645-39-4635 Lakefront

IREDELL COUNTY HEALTH DEPARTMENT

(SEPTIC TANK) IMPROVEMENTS PERMIT AND CERTIFICATE OF COMPLETION
(Ground Absorption Sewage Disposal System -- G. S. Chapter 130-Article 13C) ~~4645-39-8339~~

OWNER OR CONTRACTOR Mady Construction DATE 8/24/88 PERMIT NO. 216

PHONE: Business _____ Home _____

LOCATION 21 S. X I 77 TL Alcove TR Templeton TR across from Queens Cove ~ 1/4 mi on Left. S. R. No. _____

SUBDIVISION NAME Quail Ridge LOT NO. _____ SECTION OR BLOCK NO. _____
QUAIL RIDGE ~~TEMPLETON EST~~ ~~LOT # 19~~ ~~PHASE 2~~

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

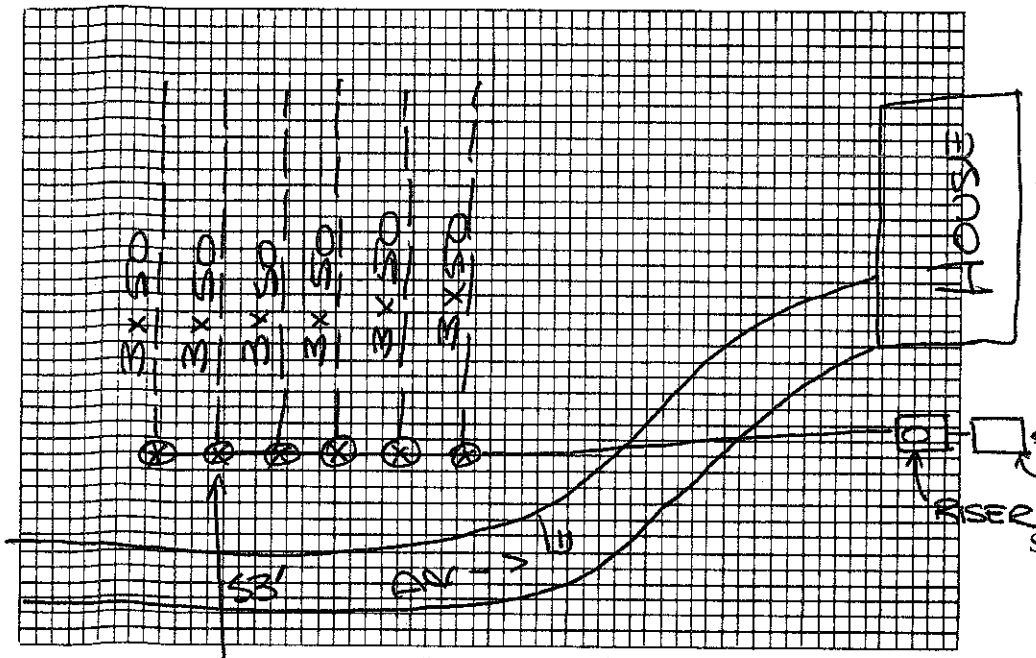
No. Bedrooms 3 No. Bathrooms 2 1/2

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

Character & Porosity of Soil Clayey
Percolation Rate ~.4 gpd/ft2
Topography 8% - 10%
Depth to Water Table 4'+
Rock or other impervious formations none observed

Lot Area _____

_____ Basement with Plumbing _____ Basement without Plumbing _____ No Basement Pumptank: 1000



Plot of System NOT TO SCALE

Size of Tank 1000 Gals.
Nitrification Field:
No. of Lines 6
Sq. Ft. 900 Linear Ft. 300
Depth of Stone in Lines 12"
Water Supply: Individual (X)
Public ( )

Installed by MAYHEW

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

SEPTIC TANK
RISER

Signed: _____

IMPROVEMENTS PERMIT BY ACP 2/24/88

COMMENTS: Owell High water alarm ckd 9/27/88

CERTIFICATE OF COMPLETION BY Andrea C. Price DATE 9/27/88

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