4645-39-6633

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 Jim Grogan DATE 5-21-85 PERMIT NO. 221

PHONE: Business ______ Home ______

LOCATION 21S X I77 TL 1206 TR 1108 TR dirt Street Across from Queens Cove on left S. R. No. ______

SUBDIVISION NAME Quail Ridge LOT NO. 5 SECTION OR BLOCK NO. ______

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

No. Bedrooms 3 No. Bathrooms 2

Garbage Disposal Unit Yes (X) No ( )

Auto. Dishwasher Yes (X) No ( )

Auto. Wash. Machine Yes (X) No ( )

Site Suitable Yes (X) No ( )

Lot Area 20,000 Ft²

Character & Porosity of Soil Clay

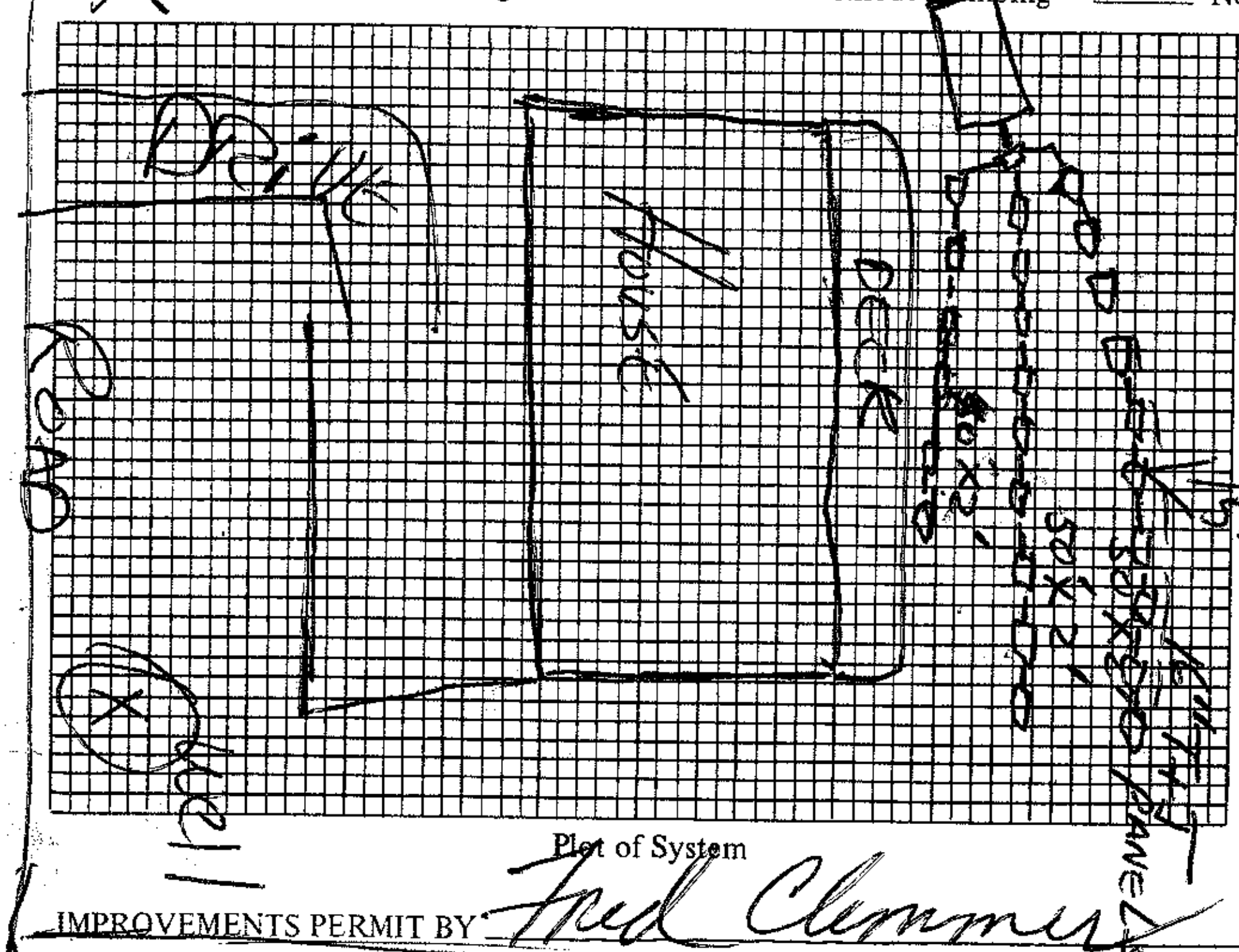
Percolation Rate 0.5 gal/ft²/day

Topography 2-4%

Depth to Water Table 4'

Rock or other impervious formations NONE Obs.

X Basement with Plumbing ______ Basement without Plumbing ______ No Basement



Plot of System

Size of Tank 1500 Gals.

Nitrification Field:

No. of Lines 3 140 LFT

Sq. Ft. ______ Linear Ft. 16" I+J Panels

Depth of Stone in Lines ______

Water Supply: Individual ( )

Public ( )

Installed by John Howie

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

Signed: ______

IMPROVEMENTS PERMIT BY Fred Clemmer

COMMENTS: Lot Line

Lot Line in installation of system

CERTIFICATE OF COMPLETION BY Fred Clemmer DATE 5-21-85

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