12434

IREDELL COUNTY HEALTH DEPARTMENT

4645-39-8365

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

OWNER OR CONTRACTOR Anne S. Udell DATE July 31 '91 PERMIT NO. 24-10-A-2

PHONE: Business _____ Home _____

LOCATION 148 on Right FR across from Queens Cove at end

SUBDIVISION NAME Quail Ridge LOT NO. 2 S. R. No. _____ SECTION OR BLOCK NO. _____

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

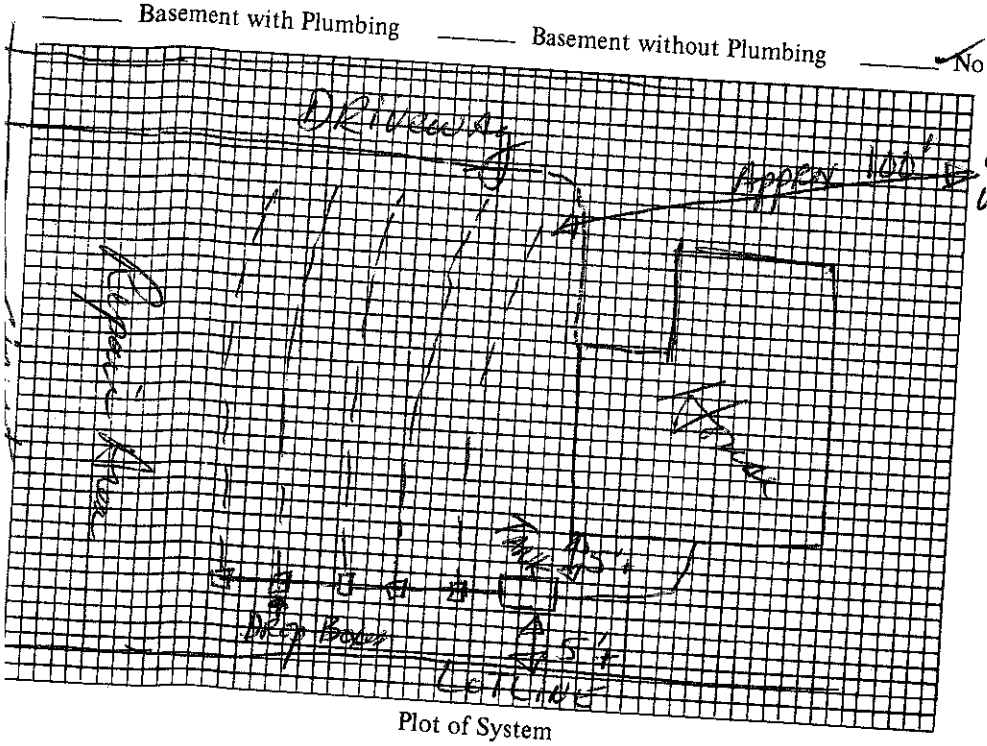
No. Bedrooms 3 No. Bathrooms 2

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

Lot Area 20000 ft²

Character & Porosity of Soil 95% clay
Percolation Rate 4"
Topography 4-6%
Depth to Water Table 4'+
Rock or other impervious formations none obs.

_____ Basement with Plumbing _____ Basement without Plumbing ✓ No Basement



Plot of System

Size of Tank 1000 Gals.
Nitrification Field:
No. of Lines 5
Sq. Ft. 900 Linear Ft. 300
Depth of Stone in Lines 12"
Water Supply: Individual (✓)
Public ( )

Installed by H J Ervin

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

Signed: _____

IMPROVEMENTS PERMIT BY AWS

COMMENTS: _____

ERTIFICATE OF COMPLETION BY D R Hinson, RS

XISTING SYSTEM CHECKED BY: _____ DATE 7-31-91

CONSTRUCTION MUST COMPLY WITH ALL OTHER APPLICABLE STATE AND LOCAL REGULATIONS.

rmit is VOID if any unauthorized changes are made in installation of system and/or if any false information is supplied in making
provements Permit.

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

12.00

12434

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 ANNIE S. IDOL DATE 2/27/91 PERMIT NO. 2H-10-A-2

PHONE: Business _____ Home 664-6593

LOCATION Templeton Rd (SR1108) TR ON ASPHALT OPPOSITE QUEEN COVE ENTRANCE TR to Next to last lot on (R) OF CUL DE SAC

SUBDIVISION NAME QUAIL RIDGE LOT NO. 2 SECTION OR BLOCK NO. _____ S. R. No. 1108

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

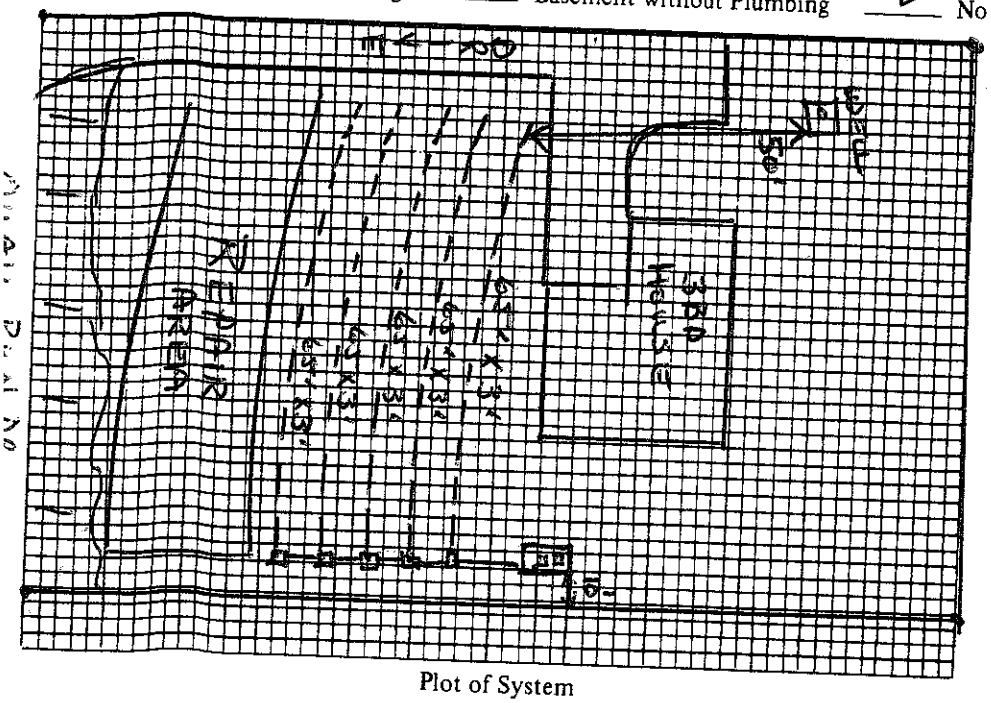
No. Bedrooms 3 No. Bathrooms 2

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

Lot Area 20,000 FT²

Character & Porosity of Soil Clay Ips
Percolation Rate .4
Topography 5%
Depth to Water Table >48"
Rock or other impervious formations None observed

_____ Basement with Plumbing _____ Basement without Plumbing ✓ No Basement



Plot of System

Size of Tank 1000 Gals.
Nitrification Field: ~~AWS~~ ~~AWS~~
No. of Lines 5 ~~X~~ @ ~~X~~ 0' 65'
Sq. Ft. 900 Linear Ft. 300
Depth of Stone in Lines 12"
Water Supply: Individual (✓)
Public ( )

Installed by _____

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

Signed: Anna S. Idol

IMPROVEMENTS PERMIT BY Wesley Sparks R.S.

COMMENTS: Drop Boxes with conventional trenches or Drop Boxes with 3 - 50' 16" T+T PANEL SYSTEM LINES MAY BE USED. Lines must be installed on slope contours and no deeper than 36" to trench bottom.

CERTIFICATE OF COMPLETION BY _____

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