IREDELL COUNTY HEALTH DEPARTMENT 4676-23-9833

12044

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

OWNER OR CONTRACTOR Keith Carroll DATE Dec 10, '90 PERMIT NO. 1H-1B-A-6

PHONE: Business _____ Home _____

LOCATION 1150 TL into Quail Run near end on Right S. R. No. _____

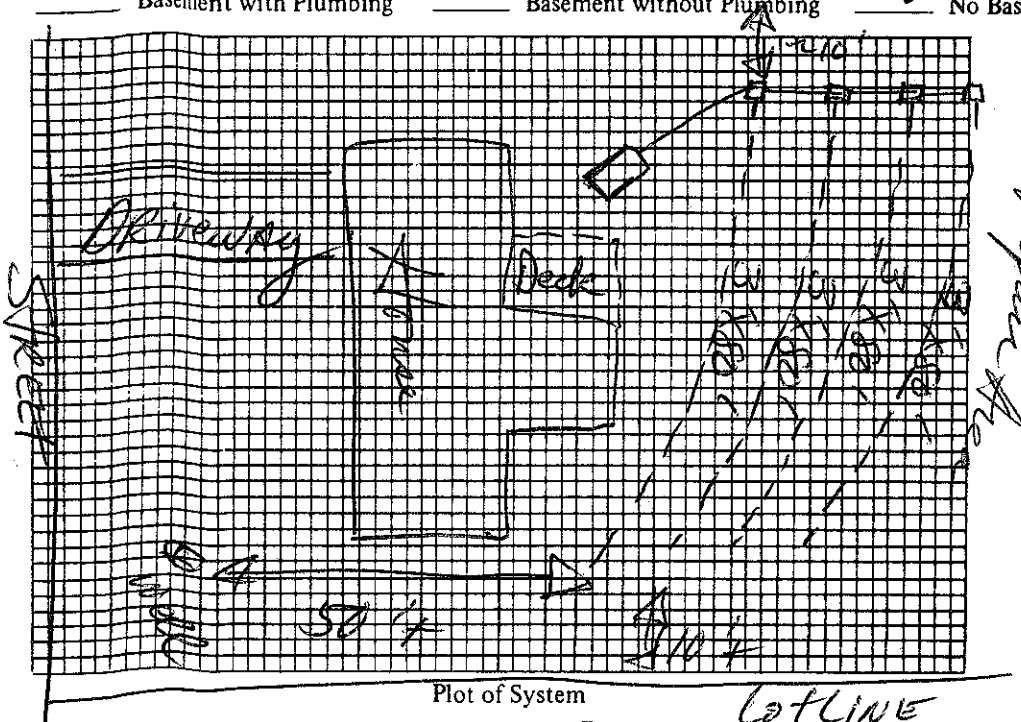
SUBDIVISION NAME Quail Run LOT NO. 6 SECTION OR BLOCK NO. 3

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~~ IS Yes (✓) No ( )
Lot Area ½ Ac +

Character & Porosity of Soil ps clay loam.
Percolation Rate n.p.
Topography ~15% Complex
Depth to Water Table 6'+
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 4
Sq. Ft. 960 Linear Ft. 320
Depth of Stone in Lines 12"
Water Supply: Individual (✓)
Public ( )

Installed by J J Ervin

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

Signed: _____

IMPROVEMENTS PERMIT BY SCI

COMMENTS: _____

CERTIFICATE OF COMPLETION BY [signature], EHS DATE 12-10-90

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

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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 Keith Carroll DATE 10/1/90 PERMIT NO. IH-1B-A-6

PHONE: Business _____ Home _____

LOCATION N. Main St. TR Linwood TL into Quail Run

SUBDIVISION NAME Quail Run S. R. No. _____

LOT NO. 6 SECTION OR BLOCK NO. _____

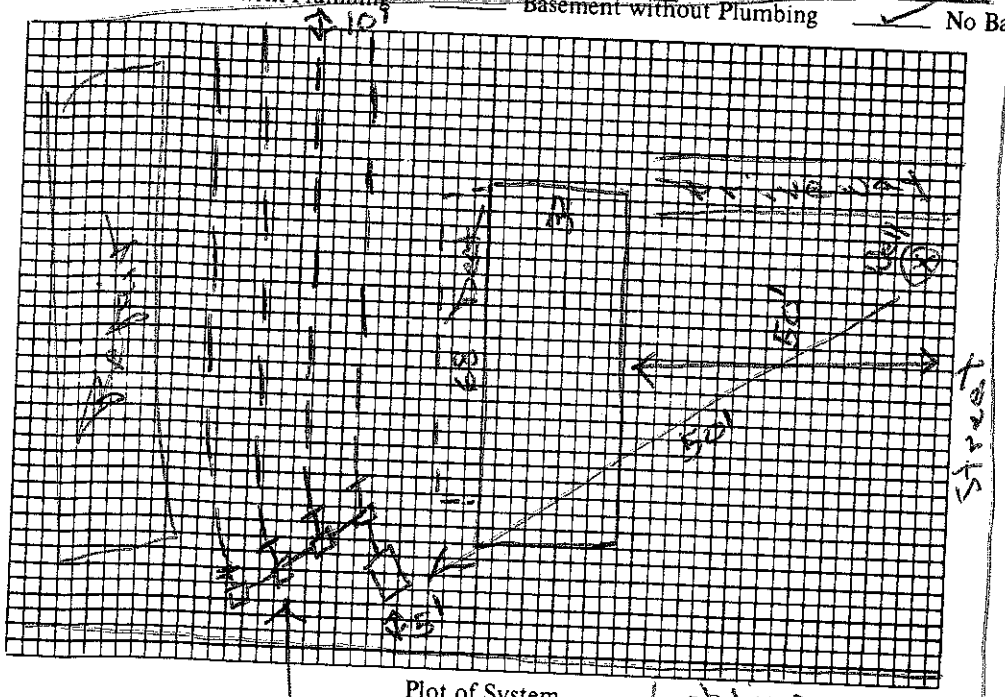
House (✓) Mobile Home ( ) Business ( ) Other _____

No. Bedrooms 3 No. Bathrooms 2

Garbage Disposal Unit	Yes ( )	No (✓)	Character & Porosity of Soil PS clay / bc
Auto. Dishwasher	Yes (✓)	No ( )	Percolation Rate ~ 4
Auto. Wash. Machine	Yes (✓)	No ( )	Topography 5-10%
Site ~~Suitable~~ ✓	Yes ( )	No ( )	Depth to Water Table +3'
			Rock or other impervious formations none obs.

Lot Area _____

_____ Basement with Plumbing _____ Basement without Plumbing ✓ No Basement



Plot of System

Size of Tank 1000 Gals.

Nitrification Field:

No. of Lines 4 2

Sq. Ft. 960 Linear Ft. 380'

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: [signature]

IMPROVEMENTS PERMIT BY: Sam Ingram EHS

COMMENTS: Lot

CERTIFICATE OF COMPLETION BY _____

EXISTING SYSTEM CHECKED BY: _____ DATE _____

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

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