4676-25-9803

13838

IREDELL COUNTY HEALTH DEPARTMENT

IMPROVEMENT PERMIT AND CERTIFICATE OF COMPLETION / OPERATIONS PERMIT

OWNER OR CONTRACTOR Margaret K. Hobbs DATE 1/16/92 PERMIT NO. 1H-12-A-85

PHONE: Business ______ Home 663-3559

LOCATION Quail Hill, 150 E, TR on 1150, TL on 1153, TR into Quail Hill ~ 1/4 mile on (R) S.R. No. ______

SUBDIVISION NAME Quail Hill LOT NO. 85 SECTION OR BLOCK NO. 3

House ☐ Mobile Home ☑ Business ☐ Other ______

No. Bedrooms 2 No. Bathrooms 2

Garbage Disposal Unit Yes ☐ No ☑

Auto. Dishwasher Yes ☐ No ☑

Auto. Wash. Machine Yes ☑ No ☐

Lot Area .75 AC

Soil Characteristics P-C

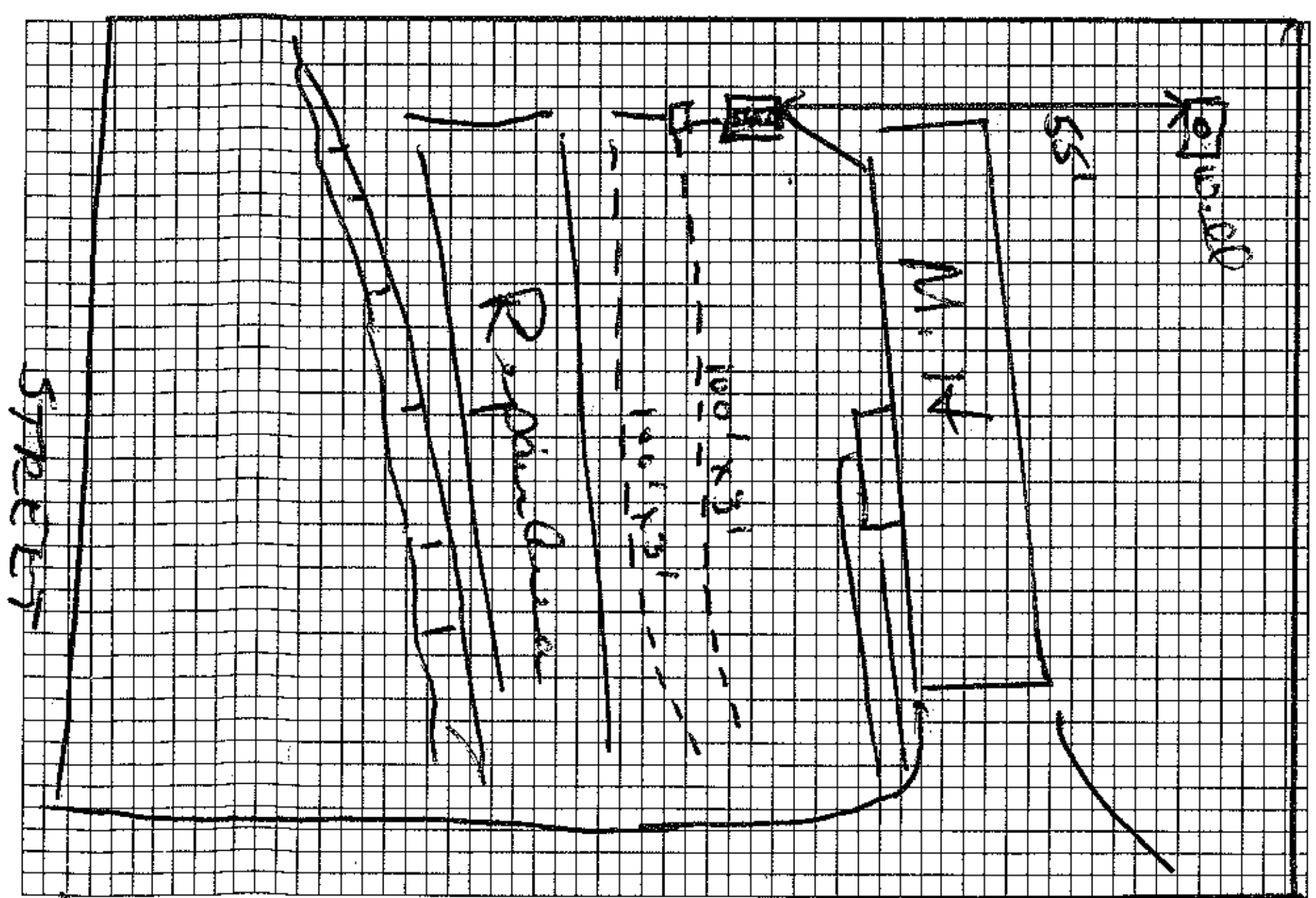
Application Rate .4

Topography 4%

Depth to Water Table > 48"

Rock or other impervious formations None observed

______ Basement with Plumbing ______ Basement without Plumbing ______ No Basement ✓ Crawl Space



Plot of System (Not to Scale)

Size of Tank 1000 Gals.

Nitrification Field:

No. of Lines 2 @ 100' x 3'

Sq. Ft. 600 Linear Ft. 200

Depth of Stone in Lines 12"

Water Supply: Individual ☑

Public ☐

Installed by Potts

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

Signed: ______

(IMPROVEMENT PERMIT IS VALID FOR 60 MONTHS FROM DATE OF ISSUE.)

IMPROVEMENT PERMIT BY DRH

COMMENTS Trenches shallow and on contour. Speed levelers added to distribution box

CERTIFICATE OF COMPLETION BY Wesley Sparks R.S. DATE 1/16/92

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 unapproved changes are made to the site, and/or if any false information is supplied toward securing Improvement Permit.

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

13838

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 Margaret K. Hobbs DATE Jan. 7, '92 PERMIT NO. IH12-A85

PHONE: Business _____ Home _____

LOCATION 1150 (Linwood Rd.) TL 1153 (Brumley) TR 1st entrance into Quail Hill ½-¼ mile on right

SUBDIVISION NAME Quail Hill LOT NO. 85 SECTION OR BLOCK NO. 3 S. R. No. _____

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

No. Bedrooms 2 No. Bathrooms 2

Garbage Disposal Unit Yes ( ) No (✓)

Auto. Dishwasher Yes ( ) No (✓)

Auto. Wash. Machine Yes (✓) No ( )

Site ~~Suitable~~ OS Yes (✓) No ( )

Lot Area ~.75 ac

Character & Porosity of Soil area of drainfield ps clay

Percolation Rate l.f

Topography 4-6%

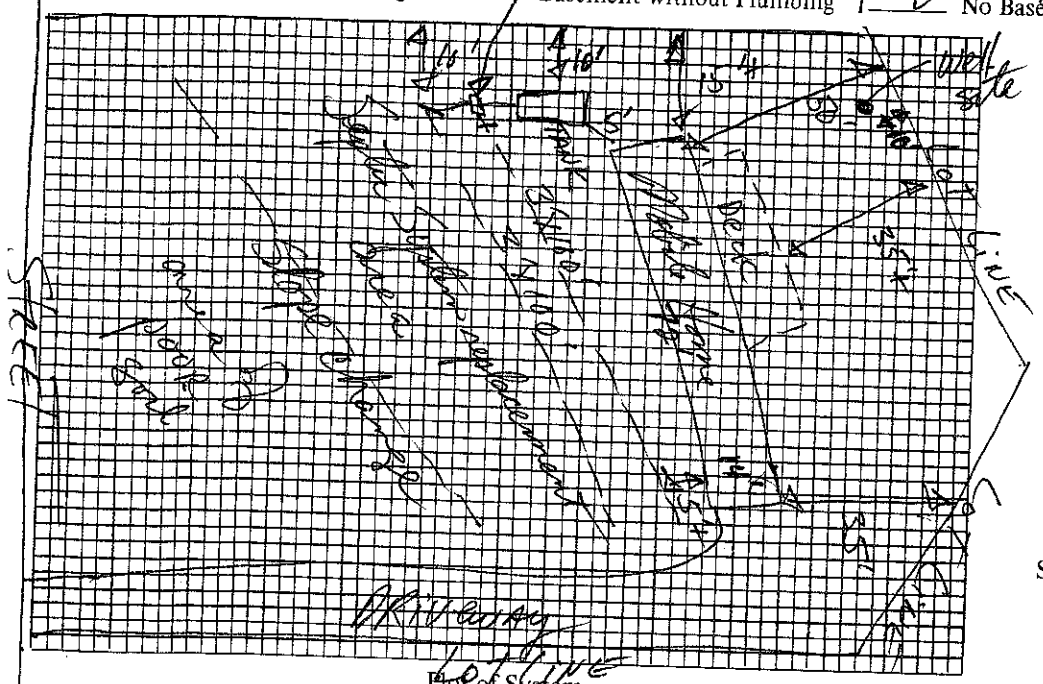
Depth to Water Table 4'+

Rock or other impervious formations none obs.

D-box w/ spacer levelers

50'+ between well and septic system

_____ Basement with Plumbing _____ Basement without Plumbing ✓ No Basement



Size of Tank 1000 Gals.

Nitrification Field:

No. of Lines 2

Sq. Ft. 600 Linear Ft. 200

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 Margaret K. Hobbs

IMPROVEMENTS PERMIT BY David R. Hinson, RS

COMMENTS: follow contour w/ drainfield. 24" minimum trench bottom depth. 36" maximum trench bottom depth.

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