12043 4676-33-0951

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

PHONE: Business ________ Home ________ DATE Dec 7, '90 PERMIT NO. 14-1B-A-7

LOCATION 1150 (Linwood Rd.) R into Quail Run at end on right

SUBDIVISION NAME Quail Run S. R. No. ____

LOT NO. 7 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~~ PS Yes (✓) No ( )

Lot Area 1.26 Ac.

Character & Porosity of Soil PS clay

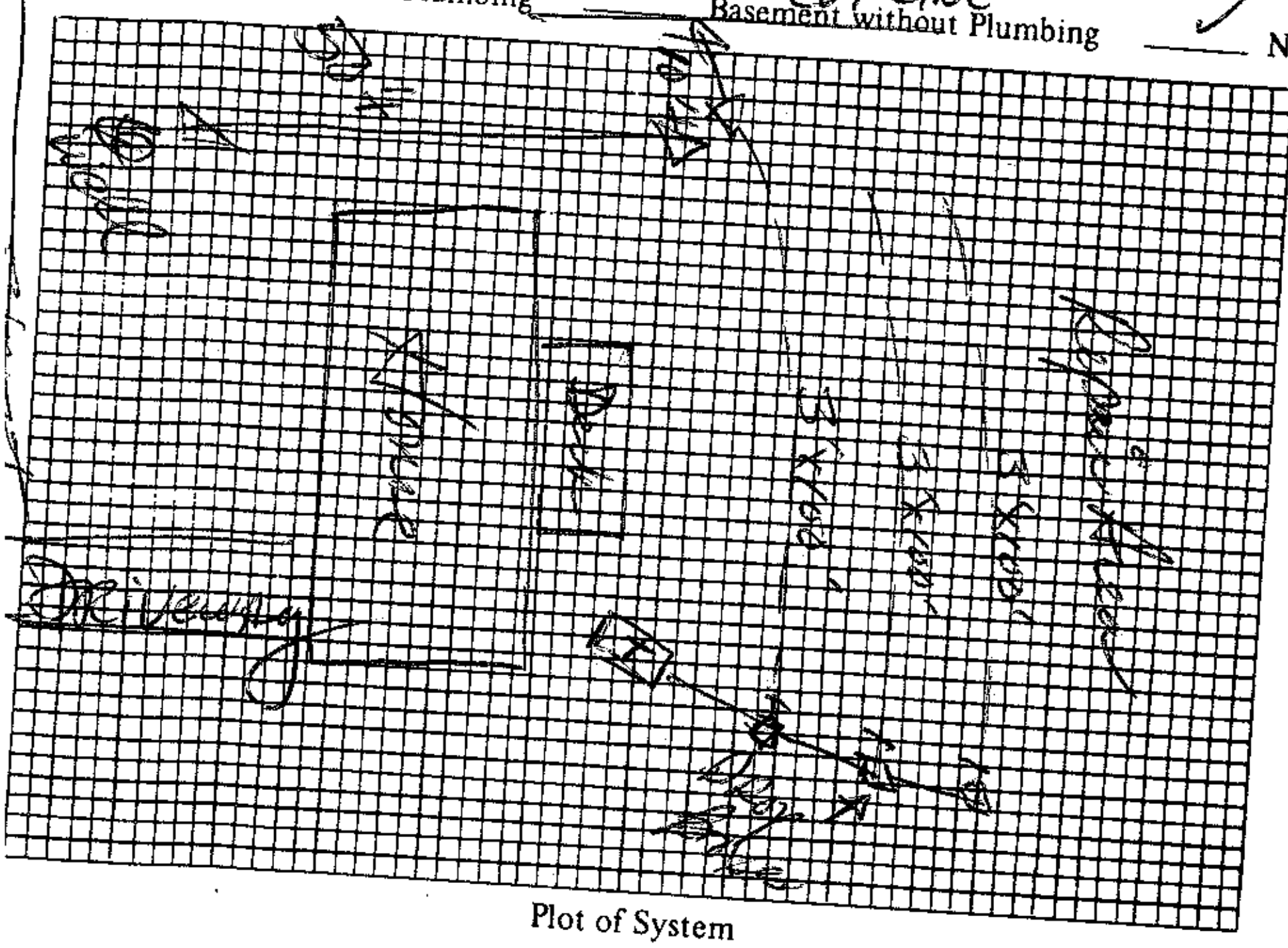
Percolation Rate [illegible]

Topography ~15%

Depth to Water Table 64

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 3

Sq. Ft. 900 Linear Ft. 300

Depth of Stone in Lines 12"

Water Supply: Individual (✓)

Public ( )

Installed by FJ Ervin

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

Signed: ________

IMPROVEMENTS PERMIT BY SCT

COMMENTS: ________

ERTIFICATE OF COMPLETION BY [illegible], EHC

XISTING SYSTEM CHECKED BY: ________ DATE 12-7-90

DATE ________

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

12043

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. 1H-1B-A-7

PHONE: Business _____ Home _____

LOCATION N. Main St. TR Linwood TL Quail Run On right

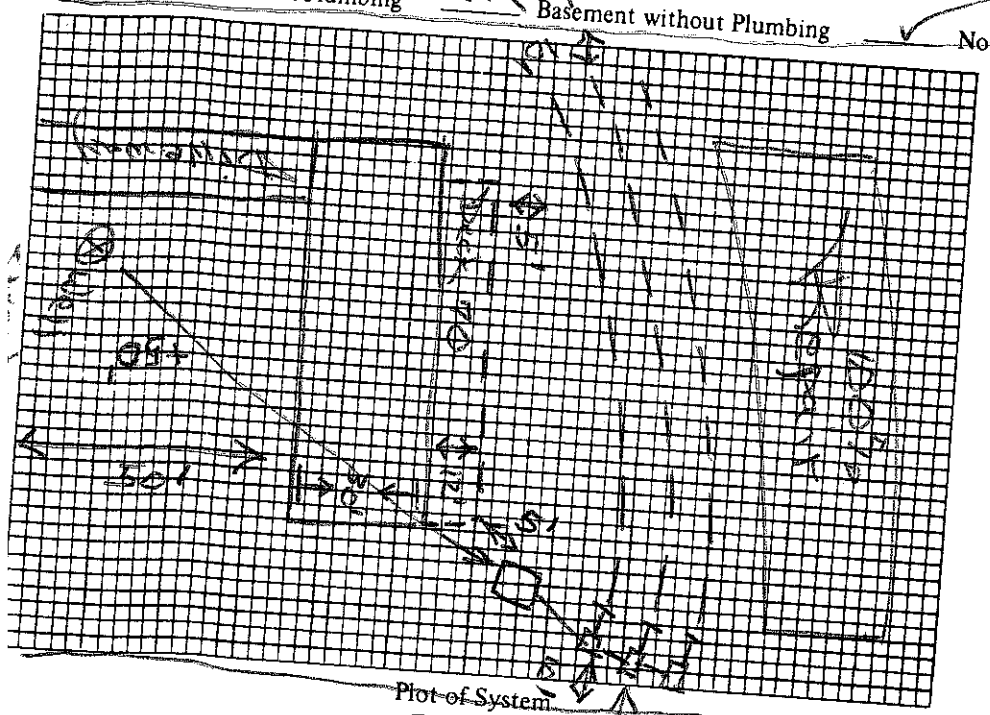
SUBDIVISION NAME Quail Run #3 LOT NO. 7 S. R. No. _____ SECTION OR BLOCK NO. _____

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

No. Bedrooms 3 No. Bathrooms 2

Garbage Disposal Unit	Yes ( )	No (✓)	Character & Porosity of Soil Ps clay trans P/C
Auto. Dishwasher	Yes (✓)	No ( )	Percolation Rate ~.4
Auto. Wash. Machine	Yes (✓)	No ( )	Topography ~ 15%
Site Suitable PS	Yes ( )	No ( )	Depth to Water Table 4'+
Lot Area 1.26 ac.			Rock or other impervious formations none obs.

_____ Basement with Plumbing _____ Basement without Plumbing ✓ No Basement



Size of Tank 1000 Gals.

Nitrification Field:

No. of Lines 3

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 _____

MPROVEMENTS PERMIT BY Sam Ingram EHS

OMMENTS: _____

ERTIFICATE OF COMPLETION BY _____

ISTING SYSTEM CHECKED BY: _____ DATE _____

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

mit 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