4676-35-0702

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 Rodney D. Phifer DATE Mar 18, '87 PERMIT NO. _____

PHONE: Business _____ Home _____

LOCATION 150 R 1153 (Brumley Hill) ~½ mile on Rt. TR 1st entrance into Quail

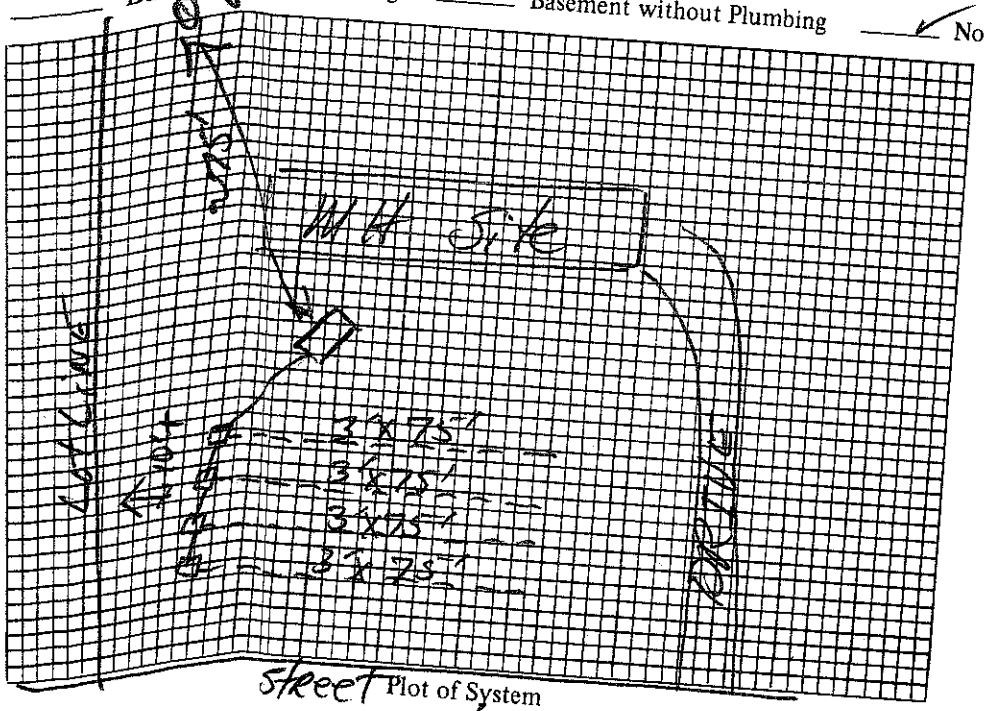
SUBDIVISION NAME Quail Hill LOT NO. 84 S. R. No. _____ SECTION OR BLOCK NO. _____

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

No. Bedrooms 3 No. Bathrooms 2

Garbage Disposal Unit	Yes ( )	No (✓)	Character & Porosity of Soil clay
Auto. Dishwasher	Yes (✓)	No ( )	Percolation Rate ~4
Auto. Wash. Machine	Yes (✓)	No ( )	Topography 6-10%
Site Suitable	Yes (✓)	No ( )	Depth to Water Table 44
Lot Area 20000+			Rock or other impervious formations some 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. 900 Linear Ft. 300

Depth of Stone in Lines 12"

Water Supply: Individual (✓)

Public ( )

Installed by Roy Hefner

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

Signed: _____

IMPROVEMENTS PERMIT BY DRH

COMMENTS: _____

CERTIFICATE OF COMPLETION BY D.R. Hinson, R.S.

EXISTING SYSTEM CHECKED BY: _____ DATE May 15, '87

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

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 Rodney D. Phifer DATE Feb 5, 87 PERMIT NO. 37

PHONE: Business _____ Home _____

LOCATION 1150 TR 1153 (Brumley) TR 1st entrance into Quail Hill ½-¼ mile on Rt S. R. No. _____

SUBDIVISION NAME Quail Hill LOT NO. 84 SECTION OR BLOCK NO. _____

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

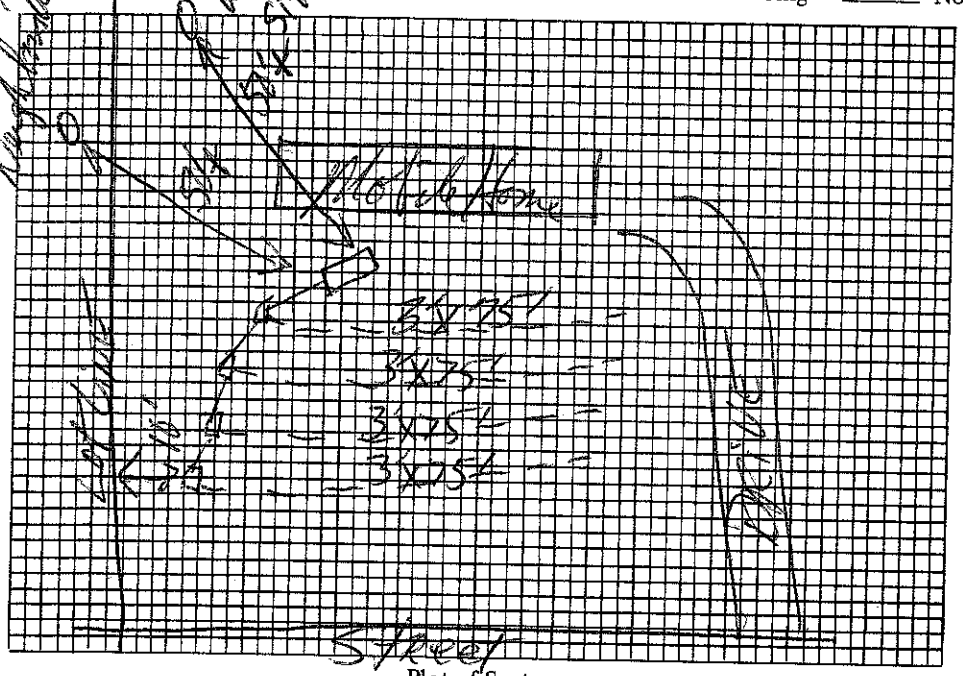
No. Bedrooms 3 No. Bathrooms 2

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

Character & Porosity of Soil clay
Percolation Rate 2.4
Topography 6-10%
Depth to Water Table 48+
Rock or other impervious formations saprolyte 24"+

Lot Area 20000 sq ft

___ Basement with Plumbing ___ Basement without Plumbing ✓ No Basement



Plot of System

Size of Tank 1000 Gals.
Nitrification Field:
No. of Lines 4
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: Rodney D. Phifer

IMPROVEMENTS PERMIT BY Dick R. Hunsucker R.S.

COMMENTS: Use a series of properly installed drop boxes to feed upper lines first. Drainfield must be installed shallow (24" to bottom of ditch — 12" cover)

CERTIFICATE OF COMPLETION BY _____ DATE _____

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