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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 Roger McLendon DATE 4/28/89 QUAD# ~~PERMIT NO.~~ 22A

PHONE: Business _____ Home 663-6679

LOCATION N. Main TR Linwood TL Brumley TR 1st Quail Hill On R. ~¼ mile. S. R. No. _____

SUBDIVISION NAME Quail Hill LOT NO. 83 SECTION OR BLOCK NO. 3

Caddle Creek 1H-11-A-83

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

No. Bedrooms 3 No. Bathrooms 1½

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

Character & Porosity of Soil existing system

Percolation Rate _____

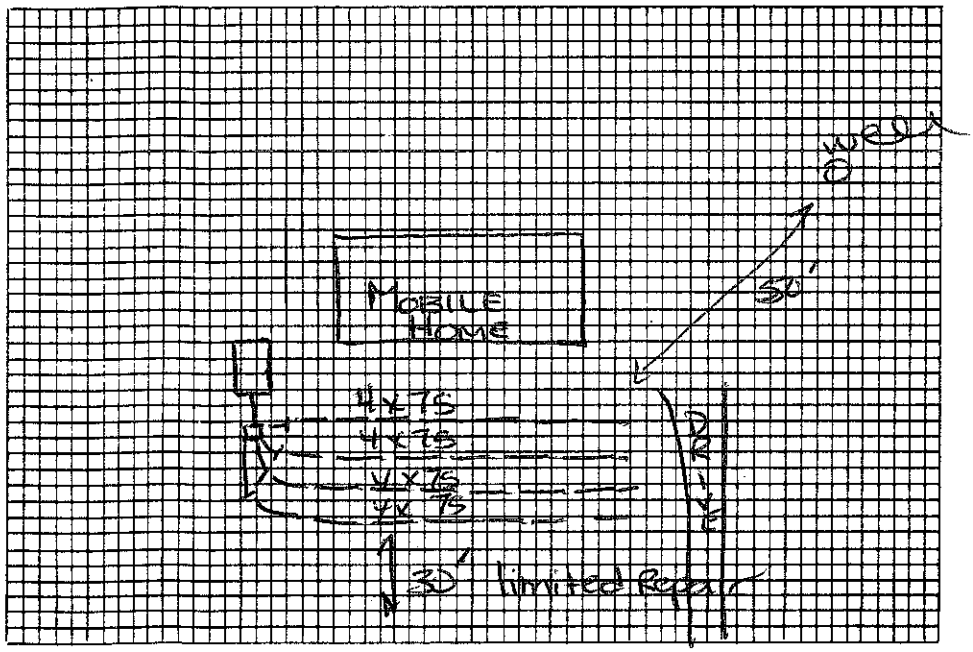
Topography _____

Depth to Water Table _____

Rock or other impervious formations _____

Lot Area existing

_____ Basement with Plumbing _____ Basement without Plumbing ✓ No Basement



existing
Size of Tank 1000 Gals.

Nitrification Field:
No. of Lines 4 (existing)
Sq. Ft. 200 (exist) Linear Ft. 300 (exist)
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: _____

IMPROVEMENTS PERMIT BY _____

COMMENTS: Vacant lot - no sign of failing septic system. System installed 10/7/86 - Simon Gutirezz

CERTIFICATE OF COMPLETION BY _____ DATE _____

EXISTING SYSTEM CHECKED BY: Andrew C. Green DATE 4/28/89

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