IREDELL COUNTY HEALTH DEPARTMENT 4676-35-2833

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

OWNER OR CONTRACTOR Lawrence W. Colley DATE May 27, 1987 PERMIT NO. _____

PHONE: Business _____ Home _____

LOCATION 1150 TL 1153 (Brumley Road) TR. 1st entrance into Quail Hill 'round curve on left. S. R. No. _____

SUBDIVISION NAME Quail Hill LOT NO. 91 SECTION OR BLOCK NO. _____

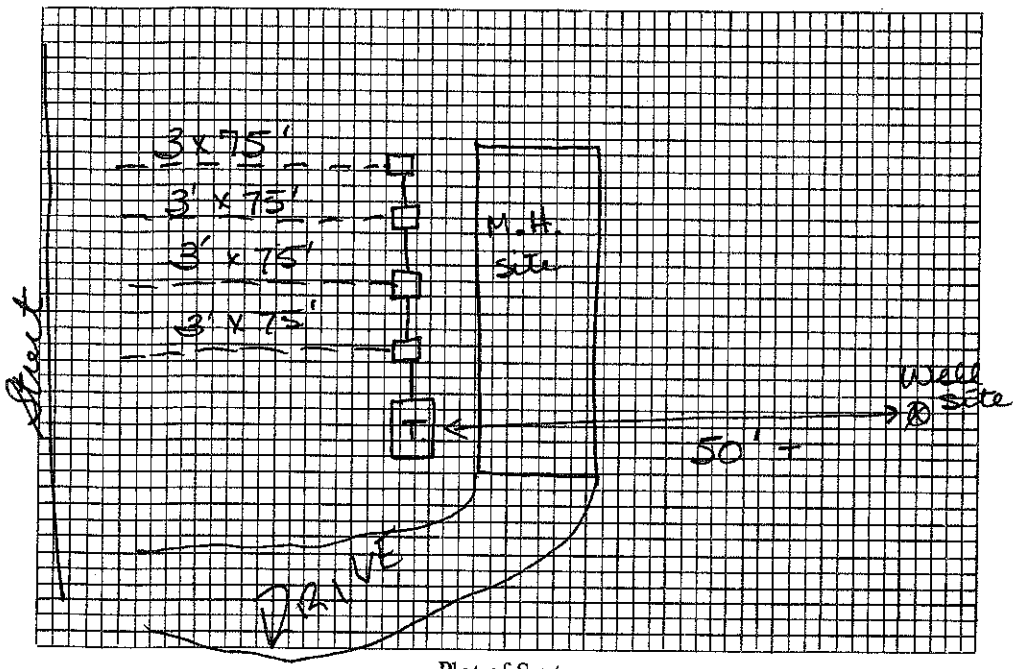
House ( ) Mobile Home (✓) Business ( ) Other _____

No. Bedrooms 3 No. Bathrooms 2

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

Lot Area ½ Acre +

Character & Porosity of Soil Shallow Clay
Percolation Rate ~.4 gpd/ft²
Topography 4-8%
Depth to Water Table 4' +
Rock or other impervious formations sap increasing 24"+



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 Dellinger Septic.

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

Signed: _____

IMPROVEMENTS PERMIT BY David Hinson

COMMENTS: Keep well 50ft from septic area.

CERTIFICATE OF COMPLETION BY _____ DATE 5/27/87

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

1.00
Dell 2

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 Lawrence W. Colby DATE 5-14-87 PERMIT NO. _____

PHONE: Business _____ Home _____

LOCATION 150 R 1153 (Brumley Rd.) TR 1st entrance into Quail Hill round curved on left TR S. R. No. _____

SUBDIVISION NAME Quail Hill LOT NO. 44 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 ( )

Lot Area ½ Ac +

Character & Porosity of Soil shallow clay

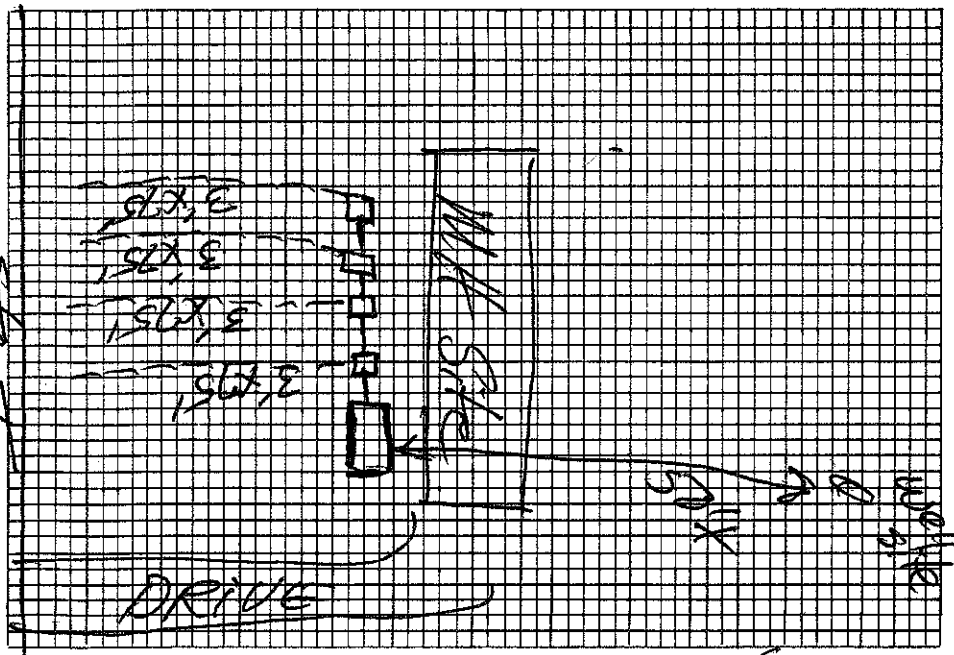
Percolation Rate 4/80 44

Topography

Depth to Water Table

Rock or other impervious formations sap increasing 24"

_____ Basement with Plumbing _____ Basement without Plumbing ___✓___ No Basement



Plot of System

Size of Tank 1000 Gals.

Nitrification Field:

No. of Lines 4

Sq. Ft. 700 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: Lawrence W. Colby Jr

IMPROVEMENTS PERMIT BY David R. Hinson, R.S.

COMMENTS: Drainfield must be installed shallow (12" cover - 24" to bottom of ditch). Follow Contour.

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