4676-35-5709

# 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 PBS Realty DATE 3/30/89 PERMIT NO. 22A

PHONE: Business _____ Home 664-7374

LOCATION Linwood Rd. S. TL. Brumley TR Quail ~ 1 mi. on L. S. R. No. _____

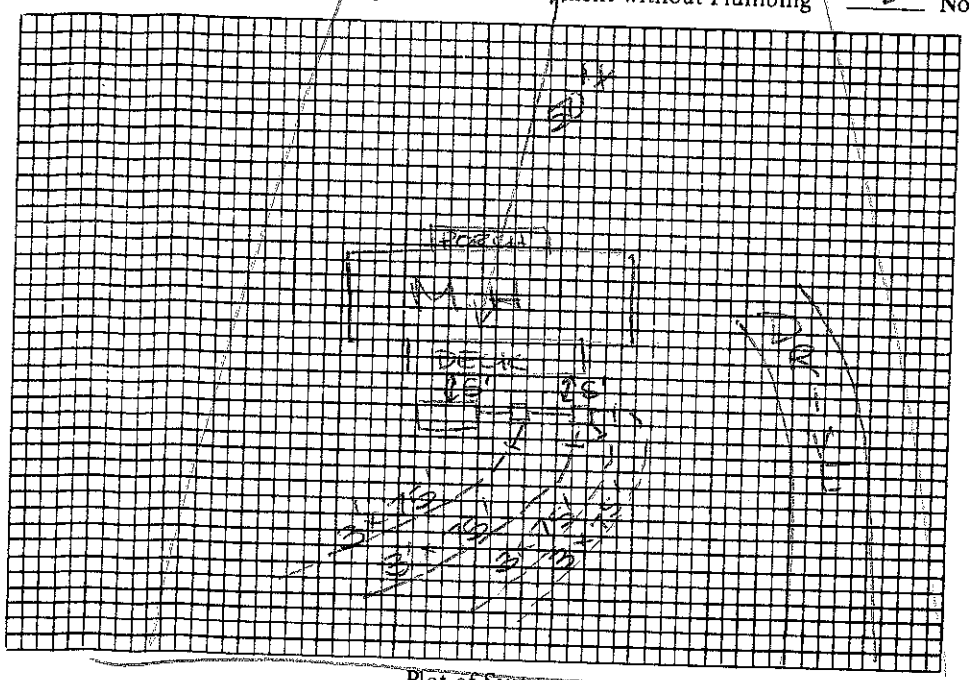
SUBDIVISION NAME Quail Hill LOT NO. 43 SECTION OR BLOCK NO. 1H-12-A-43

House ( ) Mobile Home (✓) designed for a 3BR Business ( ) Other _____

No. Bedrooms 2 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 | Slo |
| Site Suitable | Yes (✓) | No ( ) | Depth to Water Table | 4'+ |
| Lot Area 20000ft2 | | | Rock or other impervious formations | none observed |

_____ 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 Dellinger (Lincoln Co.)

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

Signed: _____

IMPROVEMENTS PERMIT BY Andre C. Prince

COMMENTS: _____

CERTIFICATE OF COMPLETION BY Andre C. Prince DATE 3/30/89

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

4:00

1335

# 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 PBS Realty DATE 2/10/89 ~~PERMIT~~ NO. 22A

PHONE: Business ____ Home 664-7374

LOCATION Linwood Rd. S T. L Brumley TR
Quail ~ 1/4 mi on Left S. R. No. ____

SUBDIVISION NAME Quail Hill LOT NO. 43 SECTION OR BLOCK NO. ____
11-12-A-43

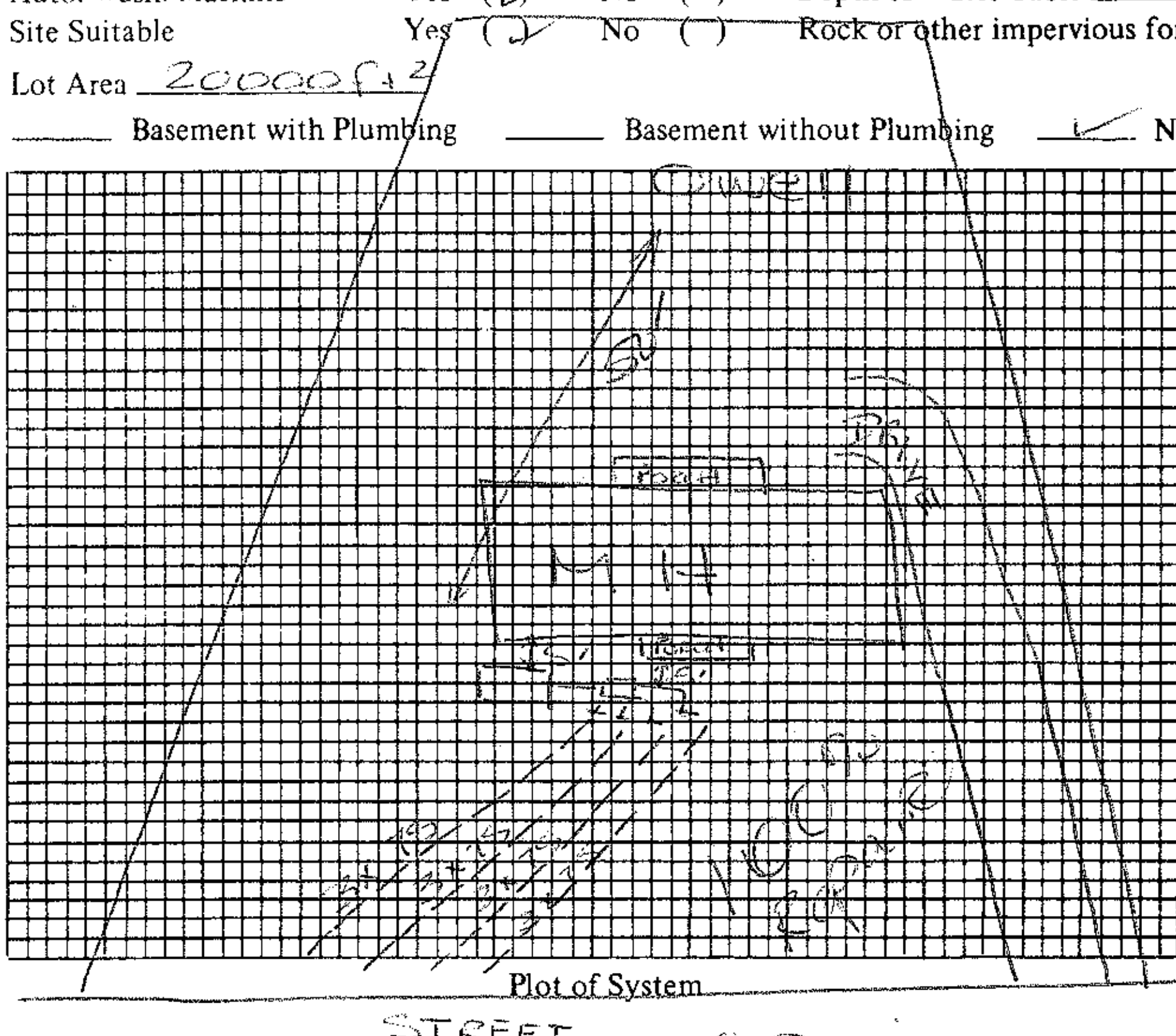
House ( ) Mobile Home (✓) Business ( ) Other ____
designed for a 3 BR

No. Bedrooms 3 2 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 ____
Topography 8 8% 
Depth to Water Table 4'+
Rock or other impervious formations none observed

Lot Area 20000 ft²

____ 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: [signature]

IMPROVEMENTS PERMIT BY [signature]

COMMENTS: Install system shallow and level as shown. Keep system 5' of any building structure.

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