4676-35-6556

IREDELL COUNTY HEALTH DEPARTMENT

13687

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

OWNER OR CONTRACTOR Robert Childers DATE Nov. 14, '91 PERMIT NO. 1H12A79&80

PHONE: Business _____ Home _____

LOCATION 1150 TL 1153 (Brumley) TR 1st entrance to Quail Hill on Right just before Stop Sign S. R. No. _____

SUBDIVISION NAME Quail Hill LOT NO. 79&80 SECTION OR BLOCK NO. _____

DW

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

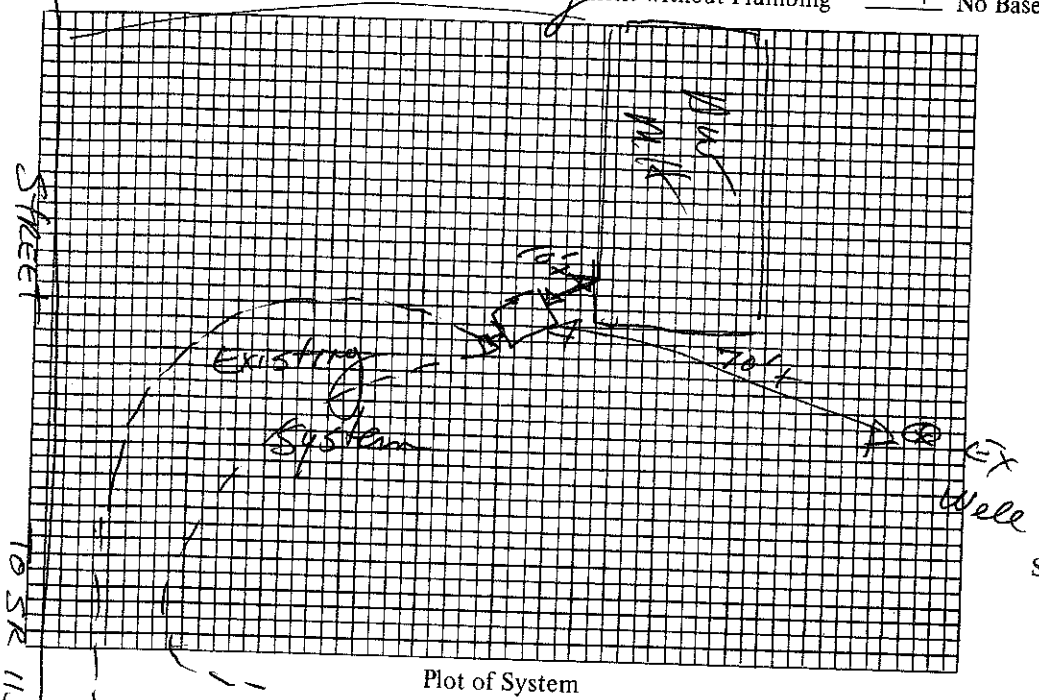
No. Bedrooms 3 No. Bathrooms 2

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

Lot Area Ex. (1.34 ac.)

Character & Porosity of Soil _____
Percolation Rate _____
Topography _____
Depth to Water Table _____
Rock or other impervious formations _____

_____ Basement with Plumbing Driveway _____ Basement without Plumbing ✓ No Basement



Size of Tank Existing (1000) Gals.
Nitrification Field:
No. of Lines Existing (2)
Sq. Ft. _____ Linear Ft. (300)
Depth of Stone in Lines _____
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: 10± Lot Line

Existing system showing no sign of malfunction at time of inspection.

CERTIFICATE OF COMPLETION BY _____ DATE _____

EXISTING SYSTEM CHECKED BY: D R Hinson, RS. DATE 11-14-91

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