IREDELL COUNTY HEALTH DEPARTMENT 4676-35-6833

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

OWNER OR CONTRACTOR Dean Sloan DATE 4/13/88 PERMIT NO.

PHONE: Business Home 664-1564

LOCATION SOUTH ON LINWOOD RD TL BRUMLEY TR 1st Quail Hill ~1/2 mile on left. S. R. No.

SUBDIVISION NAME Quail Hill LOT NO. 44 SECTION OR BLOCK NO.

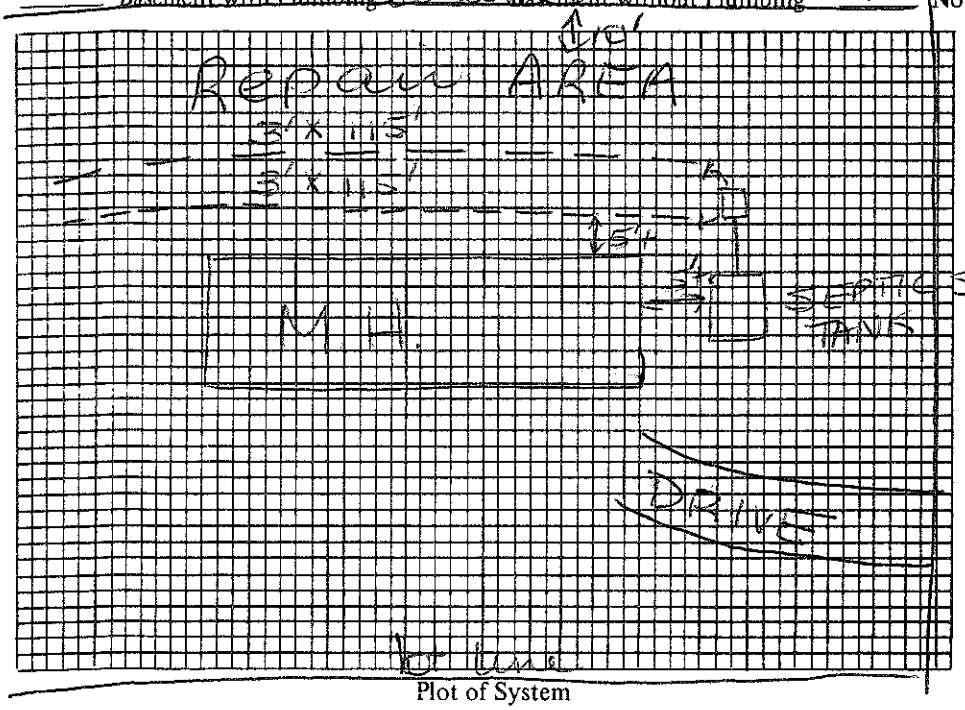
House ( ) Mobile Home (✓) Business ( ) Other

No. Bedrooms 2 No. Bathrooms 1

Garbage Disposal Unit	Yes ( )	No (✓)	Character & Porosity of Soil	Clayey	
Auto. Dishwasher	Yes ( )	No (✓)	Percolation Rate	~.35 gpd/ft²	
Auto. Wash. Machine	Yes (✓)	No ( )	Topography	Gently	
Site Suitable	Yes (✓)	No ( )	Depth to Water Table	4'+	
			Rock or other impervious formations	none observed	

Lot Area 20 000 ft² (3/4 ACRE)

___ Basement with Plumbing ___ Basement without Plumbing ✓ No Basement



Plot of System

Size of Tank 1000 Gals.

Nitrification Field:
No. of Lines 2
Sq. Ft. 690 Linear Ft. 230
Depth of Stone in Lines 12"

Water Supply: Individual (✓)
Public ( )

Installed by Dellingers.

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

Signed: _____

IMPROVEMENTS PERMIT BY A.C.P.

COMMENTS:

CERTIFICATE OF COMPLETION BY Andrew C. Price DATE 4/13/88

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

6689

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 Dean Sloan DATE _____ PERMIT NO. _____

PHONE: Business _____ Home 664-1564

LOCATION SOUTH ON LINWOOD RD. TL BRUMLEY TR 1st Quail ~ 1/2 mi. on Left S. R. No. _____

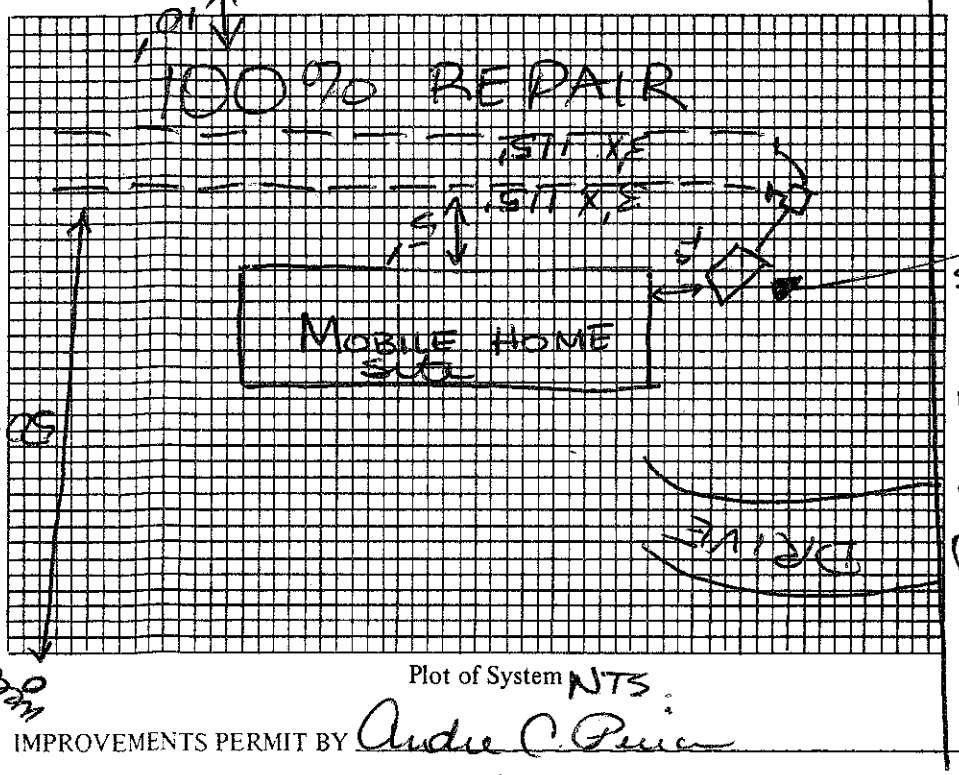
SUBDIVISION NAME QUAIL HILL LOT NO. 44 SECTION OR BLOCK NO. _____

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

No. Bedrooms 2 No. Bathrooms 1
Garbage Disposal Unit Yes ( ) No (✓)
Auto. Dishwasher Yes ( ) No (✓)
Auto. Wash. Machine Yes (✓) No ( )
Site Suitable P.S. Yes (✓) No ( )
Lot Area 20000ft² (3/4 ACRE) lot line

Character & Porosity of Soil Clayey
Percolation Rate ~~45~~ 1 .35gpd/ft²
Topography Hilly
Depth to Water Table 4'+
Rock or other impervious formations none observed

~~Basement with Plumbing~~ _____ Basement without Plumbing _____ No Basement



Plot of System NTS

Size of Tank 1000 Gals.
Nitrification Field:
No. of Lines 2
Sq. Ft. 690 Linear Ft. 230
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: Elaine H. Sloan

IMPROVEMENTS PERMIT BY Andie C. Price

COMMENTS: Set tank 5' off structure and Run lines shallow and on 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