4676-35-9660

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 P.B.S Realty DATE April 9, 1998 PERMIT NO. ——

PHONE: Business _____ Home _____

LOCATION 1150 TL 1153 Brumley Rd TR 1st Entrance into Quail Hill TR at stop sign .1 mi on right S. R. No. _____

SUBDIVISION NAME Quail Hill LOT NO. 77 SECTION OR BLOCK NO. _____

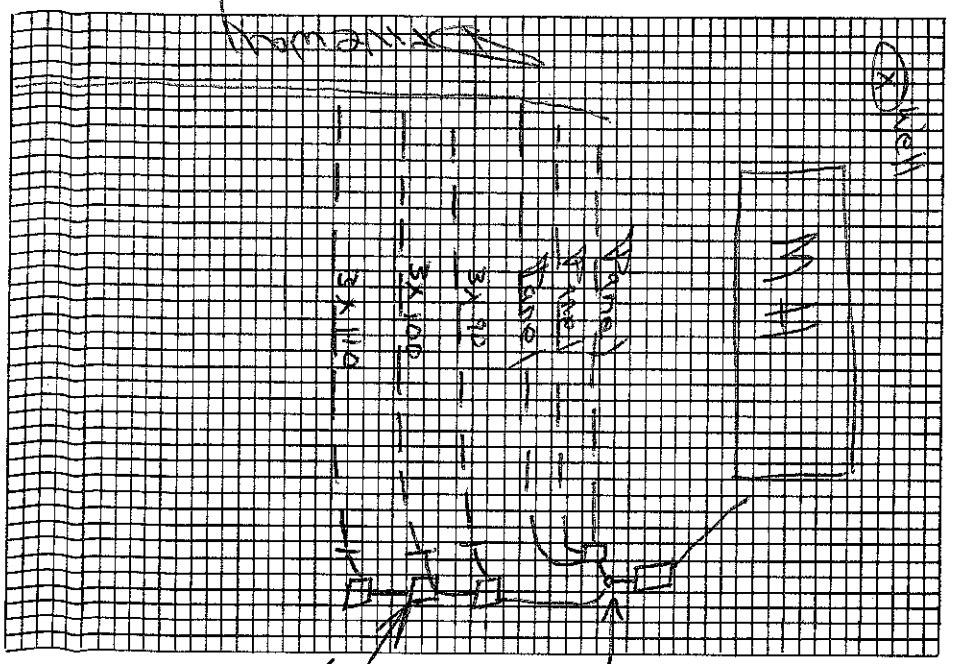
House ( ) Mobile Home (✓) Business ( ) Other Repair

No. Bedrooms 3 No. Bathrooms 2

Garbage Disposal Unit	Yes ( )	No (✓)	Character & Porosity of Soil	clay to weathered saprolite
Auto. Dishwasher	Yes (✓)	No ( )	Percolation Rate	.3
Auto. Wash. Machine	Yes (✓)	No ( )	Topography	6-10%
Site Suitable	Yes (✓)	No ( )	Depth to Water Table	4'+
			Rock or other impervious formations	none

Lot Area 1 ac

____ Basement with Plumbing ____ Basement without Plumbing ____ No Basement



Plot of System

Size of Tank Existing Gals.

Nitrification Field:
No. of Lines 3
Sq. Ft. 900 Linear Ft. 300'
Depth of Stone in Lines 12"

Water Supply: Individual (✓)
Public ( )

Installed by Dellinger

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

Signed: _____

IMPROVEMENTS PERMIT BY _____

COMMENTS: _____

CERTIFICATE OF COMPLETION BY Sam Ingram EHS DATE Apr. 9, 1998

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

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 P. B. S. Realty DATE 2-20-90 PERMIT NO. _____

PHONE: Business _____ Home _____

LOCATION 1150 TL 1153 Brumley Rd TR 1st Entrance into Quail Hill TR at stop sign 1mi on Rt. S. R. No. _____

SUBDIVISION NAME Quail Hill LOT NO. 77 SECTION OR BLOCK NO. _____

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

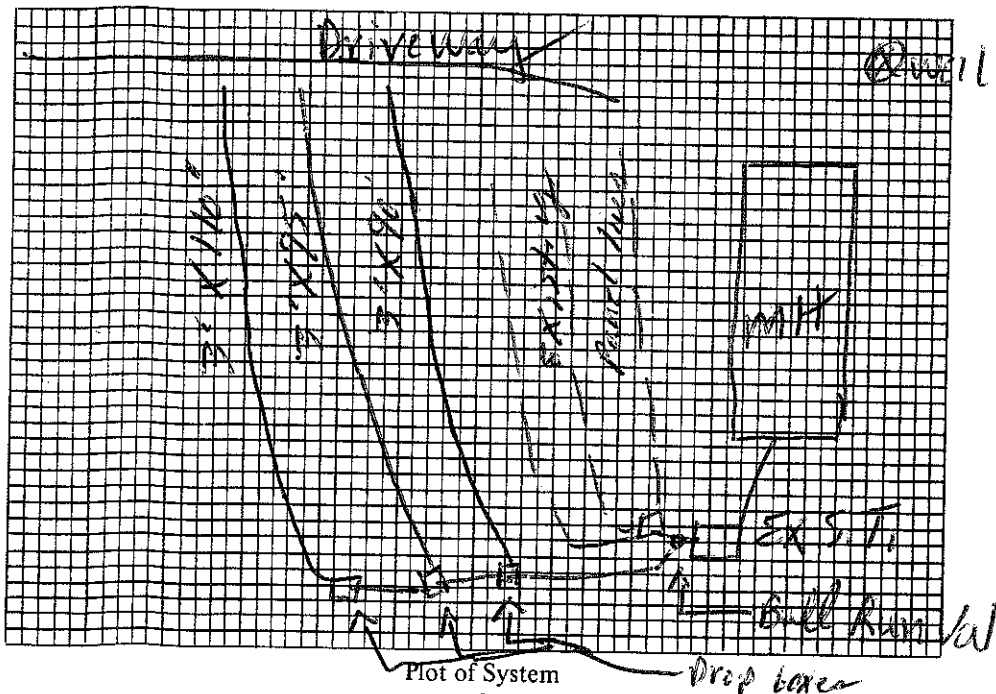
No. Bedrooms 3 No. Bathrooms 2

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

Lot Area 1 acre

Character & Porosity of Soil Clay to weathered Saprolite
Percolation Rate 13
Topography 6 to 10%
Depth to Water Table 4'+
Rock or other impervious formations none

_____ Basement with Plumbing _____ Basement without Plumbing _____ No Basement



Plot of System

Size of Tank EX. Gals.
Nitrification Field:
No. of Lines 3
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: x Larry W Johnson

IMPROVEMENTS PERMIT BY J. C. moore

COMMENTS: Run Drain lines on exact contours no deeper than 24" Total Depth

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

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4676-35-9660

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 P.B.S. Realty DATE Aug 4, '89 PERMIT NO. (Tax Map # 1-H-12-A-77)

PHONE: Business _____ Home _____

LOCATION 1150 TR 1153 (Brumley) TR 1st entrance into Quail Hill TR at stop sign .1 mile on Right S. R. No. _____

SUBDIVISION NAME Quail Hill LOT NO. 77 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~~ PS Yes (✓) No ( )

Lot Area ~1 Ac.

Character & Porosity of Soil clay to weathered saprolyte

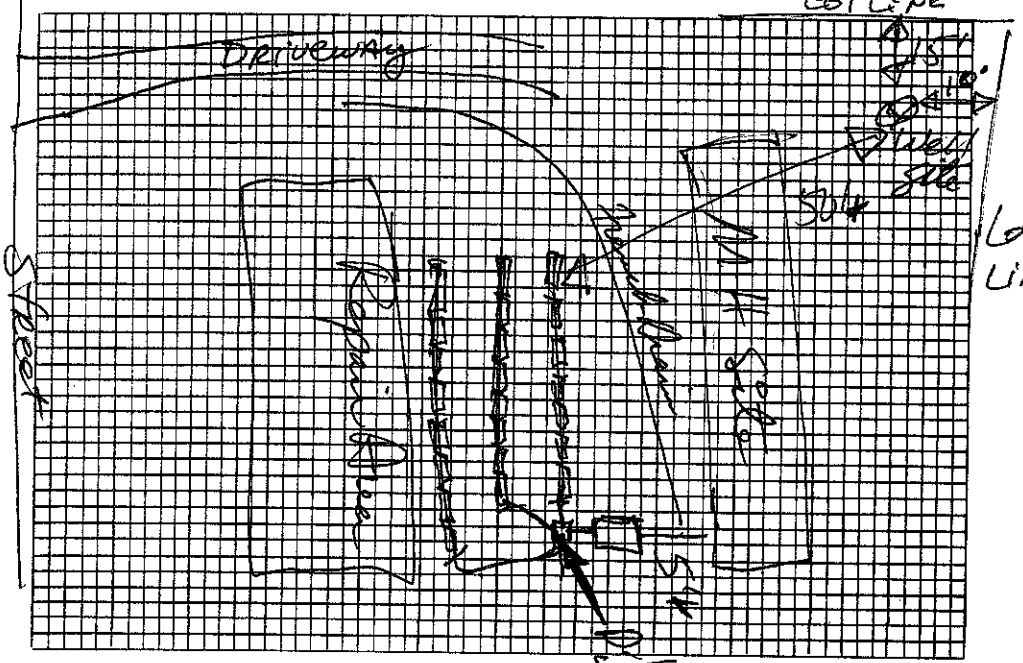
Percolation Rate ~.3

Topography 6-10%

Depth to Water Table 4'+

Rock or other impervious formations none obs.

_____ Basement with Plumbing _____ Basement without Plumbing ✓ No Basement



Plot of System

Size of Tank 1000 Gals.

Nitrification Field:

No. of Lines 3

Sq. Ft. _____ Linear Ft. 210 '+R

Depth of Stone in Lines 6" T&B

Water Supply: Individual (✓) panels gravity flow

Public ( )

Installed by Dellinger Septic TK.

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

Signed: _____

IMPROVEMENTS PERMIT BY J.M.

COMMENTS: Well not down. Lot with a spot check to 4:2 ratio.

CERTIFICATE OF COMPLETION BY _____ DATE 8-4-89

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

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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 PBS Realty DATE 7-10-89 PERMIT NO. A-22

PHONE: Business _____ Home _____

LOCATION Quail Hill lot 77

SUBDIVISION NAME _____ S. R. No. _____

LOT NO. _____ 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 approx 1 acre +

Character & Porosity of Soil Clayey + some Saprolite

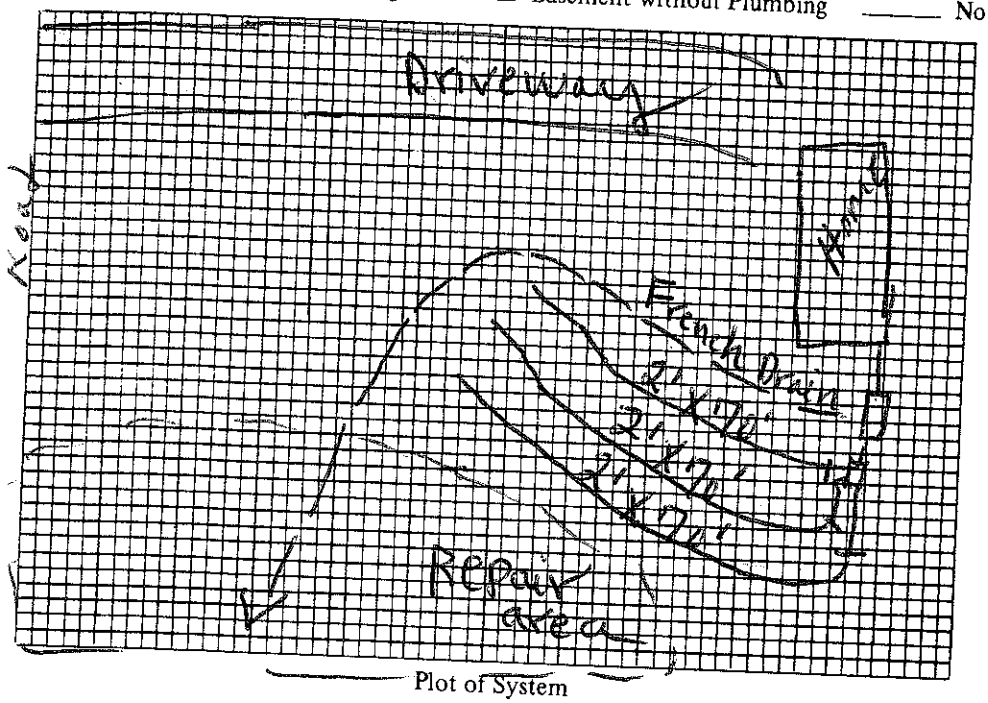
Percolation Rate 13 gal/sq ft/day

Topography ~~Steep~~ 6 to 10%

Depth to Water Table 10'+

Rock or other impervious formations Saprolite 24 to 36"

_____ Basement with Plumbing _____ Basement without Plumbing _____ No Basement



Plot of System

Size of Tank 1000 Gals.

Nitrification Field:

No. of Lines _____

Sq. Ft. _____ Linear Ft. _____

Depth of Stone in Lines _____

Water Supply: Individual ( )

Public ( )

210 16" T + J Panel + French Drain

Installed by _____

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

Signed: James J. Bailey

IMPROVEMENTS PERMIT BY J. C. moore

COMMENTS: Keep Drain lines on contour of slope no deeper than 30"

CERTIFICATE OF COMPLETION BY _____

EXISTING SYSTEM CHECKED BY: _____ DATE _____

CONSTRUCTION MUST COMPLY WITH ALL OTHER APPLICABLE STATE AND LOCAL REGULATIONS. DATE _____

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