IREDELL COUNTY HEALTH DEPARTMENT 4676-36-3896

(SEPTIC TANK) IMPROVEMENTS PERMIT AND CERTIFICATE OF COMPLETION
(Ground Absorption Sewage Disposal System -- G. S. Chapter 130-Article 13C) 499

OWNER OR CONTRACTOR Mrs. Namoi Dillard DATE 11-14-85 PERMIT NO. 500

PHONE: Business _____ Home _____

LOCATION 1150 TR 1153 ~ ¼ mile TR Quail Hill 2nd lot on R

S. R. No. _____

SUBDIVISION NAME Quail Hill LOT NO. 30 SECTION OR BLOCK NO. _____

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

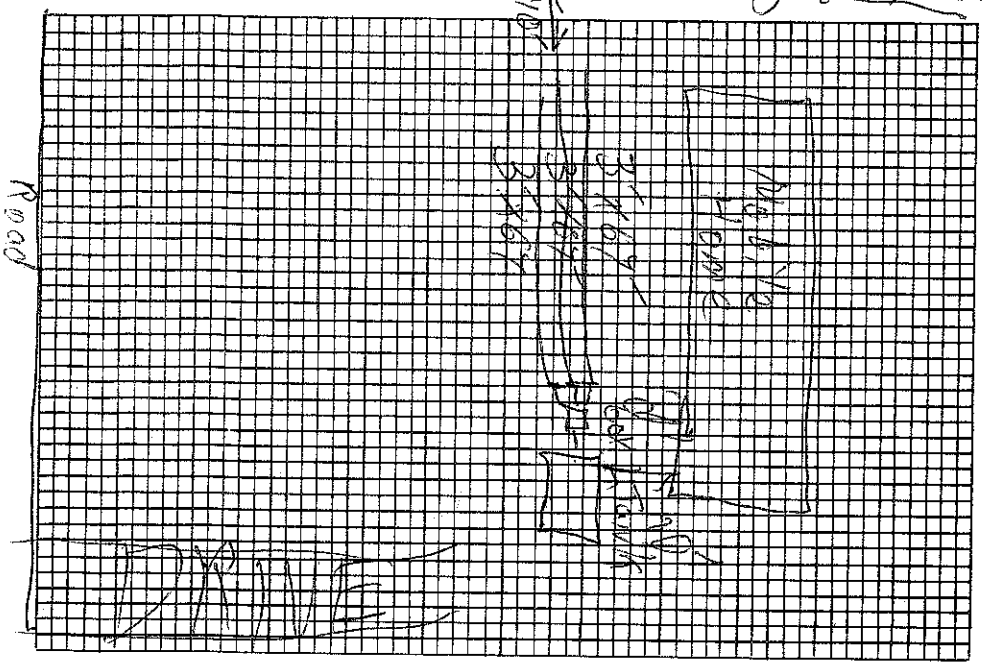
No. Bedrooms 2 No. Bathrooms 2

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 0.5 gal/ft²/day
Topography 2-8%
Depth to Water Table 4'
Rock or other impervious formations none obs

Lot Area 20,000±ft²

_____ Basement with Plumbing _____ Basement without Plumbing _____ No Basement



Plot of System

Size of Tank 1000 Gals.
Nitrification Field:
No. of Lines 3
Sq. Ft. 600 Linear Ft. 200
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 Fred Clemmer

COMMENTS: well has not been put down at date of inspection 11-13-85

CERTIFICATE OF COMPLETION BY Charles K. Bennett DATE 11-13-85

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