4676-36-5747

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 Robert M. Caldwell DATE 4/14/89 ~~PERMIT NO.~~

PHONE: Business _____ Home _____

LOCATION N. Main TR Linwood TL Brumley TR 2nd Quail Hill 2nd lot on R.

SUBDIVISION NAME Quail Hill LOT NO. 29 SECTION OR BLOCK NO. _____ S. R. No. _____

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

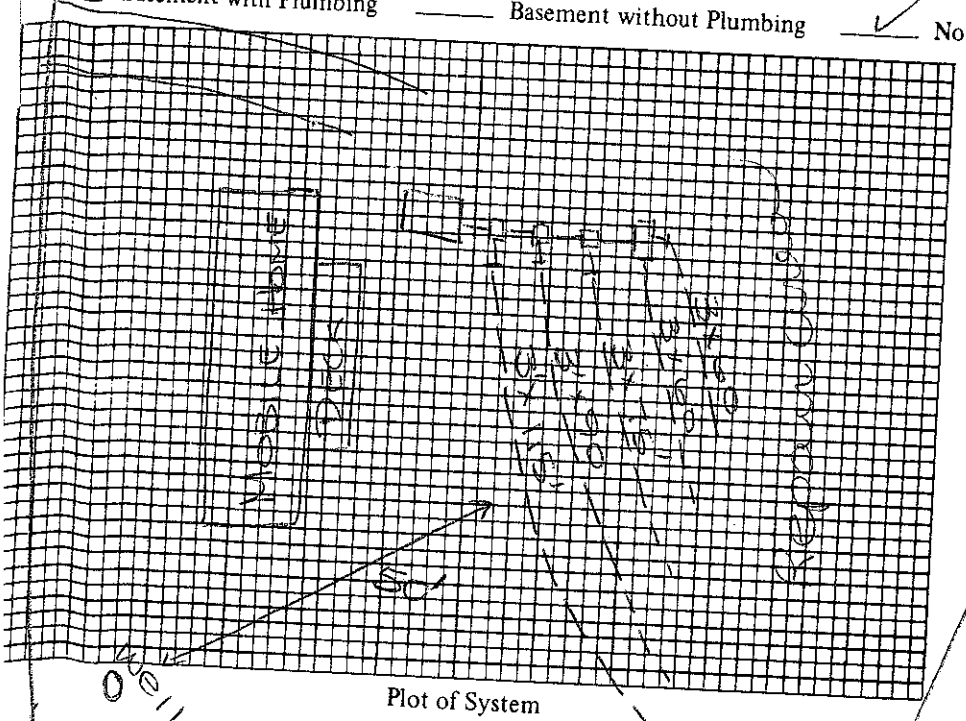
No. Bedrooms 3 No. Bathrooms 2

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

Lot Area _____

Character & Porosity of Soil clay (mottled @ 30")
Percolation Rate ~.39 gpd/ft²
Topography 90%
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 4
Sq. Ft. 1200 Linear Ft. 400
Depth of Stone in Lines 12"
Water Supply: Individual (✓)
Public ( )

Installed by Wayne Potts

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

Signed: _____

~~MPROVEMENTS~~ PERMIT BY Andre C. Pierce

COMMENTS: _____

ERTIFICATE OF COMPLETION BY Andre C. Pierce

XISTING SYSTEM CHECKED BY: _____ DATE 4/14/89

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

it is VOID if any unauthorized changes are made in installation of system and/or if any false information is supplied in making
ements Permit.

Health Dept. Copy: White Inspection Dept. Copy: Yellow Sanitarian's Copy: Pink Owner's Copy: Gold