8805

4676-36-6011

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 Jeanette Cook DATE July 14, '89 PERMIT NO. _____

PHONE: Business _____ Home _____

LOCATION W. Main TR 1150 (Linwood) TR 1153 (Brumley) TR 1st entrance into Quail Hill TR at Stop Sign 2nd on left S. R. No. _____

SUBDIVISION NAME Quail Hill LOT NO. 46 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/S	Yes (✓)	No ( )	

Character & Porosity of Soil clay

Percolation Rate ~0.35

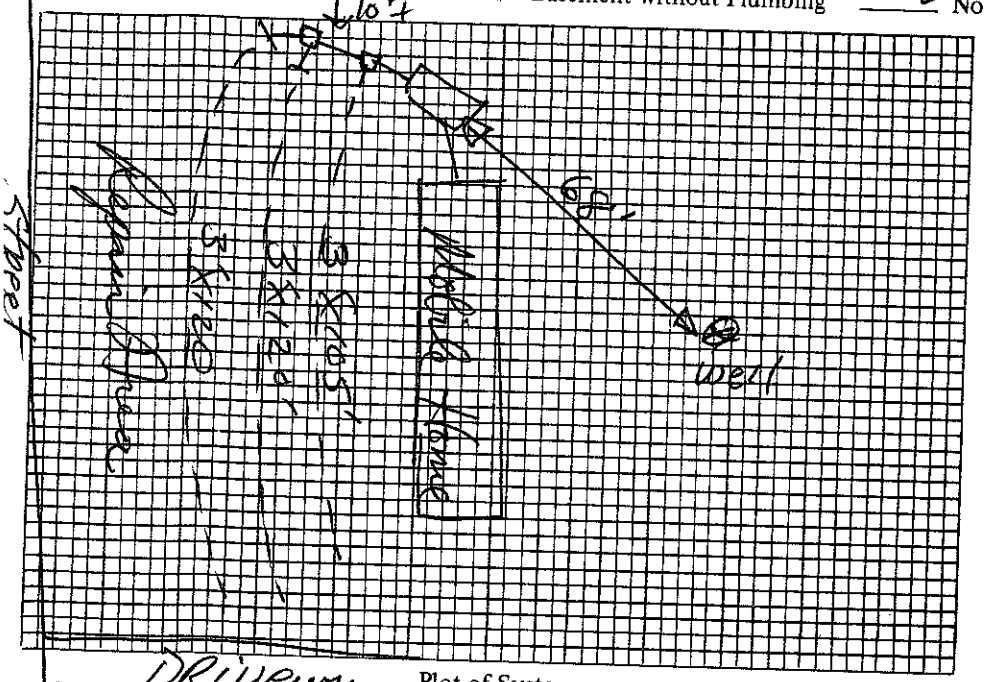
Topography 2-4%

Depth to Water Table 44

Rock or other impervious formations none obs.

Lot Area 20000 ft² (3/4 Ac) LOTLINE

_____ Basement with Plumbing _____ Basement without Plumbing ____✓____ No Basement



Plot of System

Size of Tank 1000 Gals.

Nitrification Field:

No. of Lines 3

Sq. Ft. 1035 Linear Ft. 345

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: _____

IMPROVEMENTS PERMIT BY _____

COMMENTS: _____

CERTIFICATE OF COMPLETION BY _____ DATE 7-14-89

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

8805

11-11830

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 Jeannette Cook DATE 5/6/88 PERMIT NO.

PHONE: Business Home 892-8785

LOCATION N. Main St. TR Linwood TL Bromley TR 1st entrance to Quail Hill TL at intersection (Oak Brook.) 2nd on L. S. R. No.

SUBDIVISION NAME Quail Hill LOT NO. 46 SECTION OR BLOCK NO.

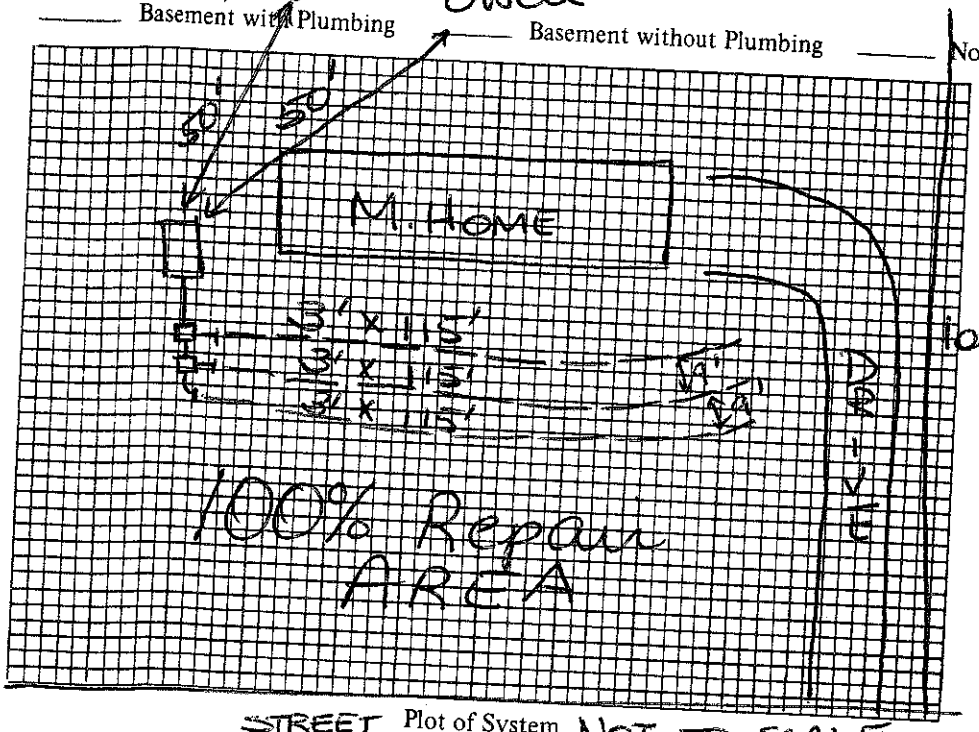
House ( ) Mobile Home (X) Business ( ) Other

No. Bedrooms 3 No. Bathrooms 2

Garbage Disposal Unit Yes ( ) No (X)
Auto. Dishwasher neighbor Yes (X) No ( )
Auto. Wash. Machine Yes (X) No ( )
Site Suitable P.S. Yes (X) No ( )
Lot Area 20000 (3/4 ACRE) owell

Character & Porosity of Soil Clayey. Yes to SAPROLITE
Percolation Rate ~.35 gpd/ft² (slight mottles)
Topography 6%
Depth to Water Table 4'+
Rock or other impervious formations none observed.

_____ Basement with Plumbing _____ Basement without Plumbing _____ No Basement



Plot of System NOT TO SCALE

Size of Tank 1000 Gals.
Nitrification Field:
No. of Lines 3
Sq. Ft. 1035 Linear Ft. 345
Depth of Stone in Lines 3
Water Supply: Individual (X)
Public ( )

Installed by

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

Signed: X

IMPROVEMENTS PERMIT BY Andrew C. Bruce

COMMENTS: Run lines level and shallow (24 – 30" to bottom of ditch.

CERTIFICATE OF COMPLETION BY

EXISTING SYSTEM CHECKED BY: DATE

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

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