IREDELL COUNTY HEALTH DEPARTMENT 4676-36-7199

(SEPTIC TANK) IMPROVEMENTS PERMIT AND CERTIFICATE OF COMPLETION

(Ground Absorption Sewage Disposal System -- G. S. Chapter 130-Article 13C)

OWNER OR CONTRACTOR Mark A. Keller DATE 5-8-87 PERMIT NO. ____

PHONE: Business ____ Home ____

LOCATION 1150 TR 1153 (Brumley) TR 1st entrance into Quail Hill bear left on RT

____ S. R. No. ____

SUBDIVISION NAME Quail Hill LOT NO. 52-B 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 ~3/4 AC

well

Character & Porosity of Soil clay

Percolation Rate suit

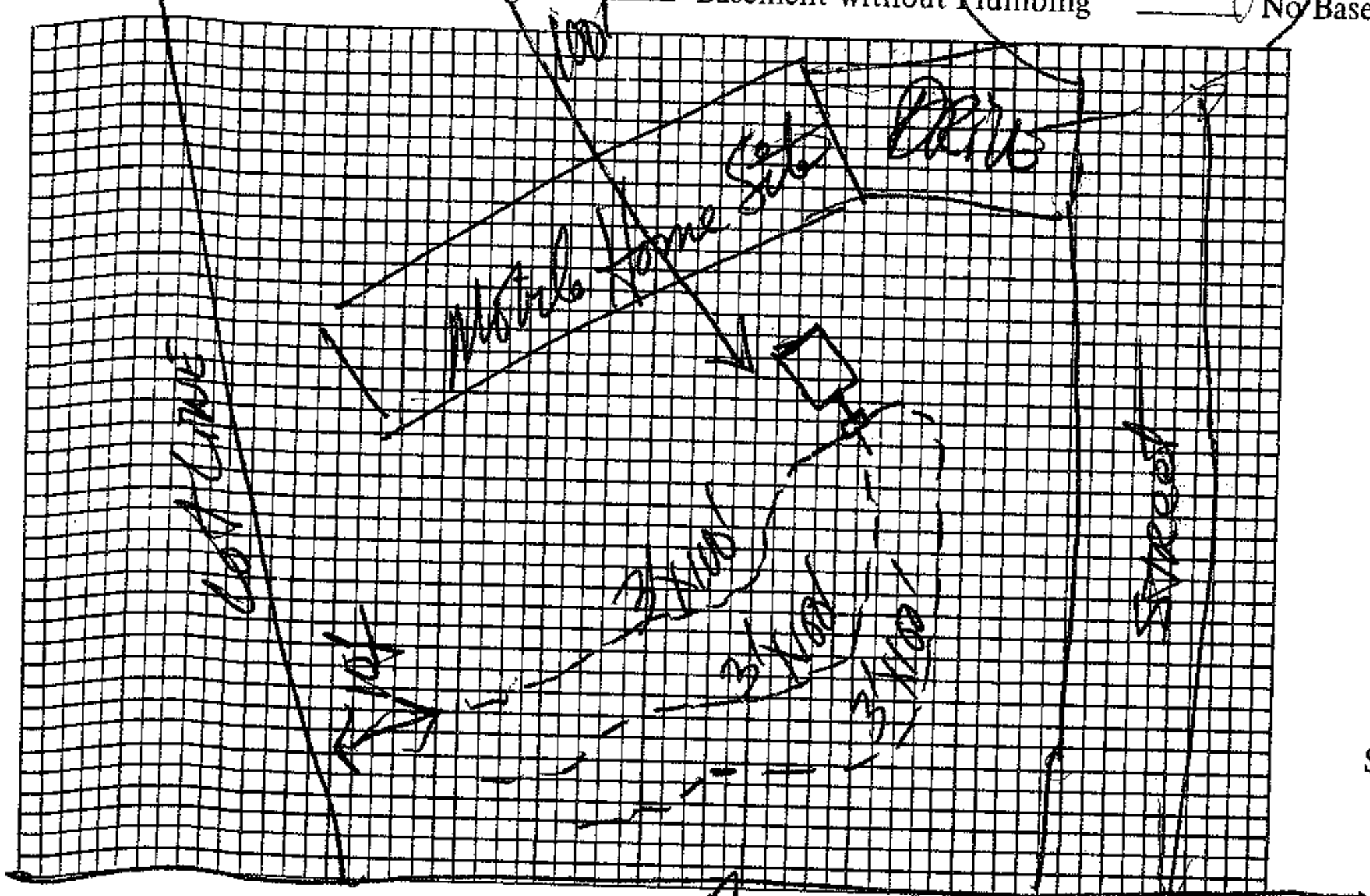
Topography 2-6%

Depth to Water Table 4'+

Rock or other impervious formations none obs.

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

cul PSHC



Plot of System

Access Road

Size of Tank 1000 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 Ken Dellinger

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

Signed: ____

IMPROVEMENTS PERMIT BY DRH

COMMENTS: Well not down

CERTIFICATE OF COMPLETION BY DR Hinson, RS

EXISTING SYSTEM CHECKED BY: ____ DATE 5-8-87

____ 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