4676-36-9719

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 Russell Autry DATE 9-26-86 PERMIT NO. 524

PHONE: Business ______ Home ______

LOCATION ✗ N. Main TR on Linwood Rd TL on Bramley Rd 1/4 mile TR into 2nd Quail Hill S/D 2nd lot on left S. R. No. ______

SUBDIVISION NAME Quail Hill LOT NO. 27 SECTION OR BLOCK NO. ______

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

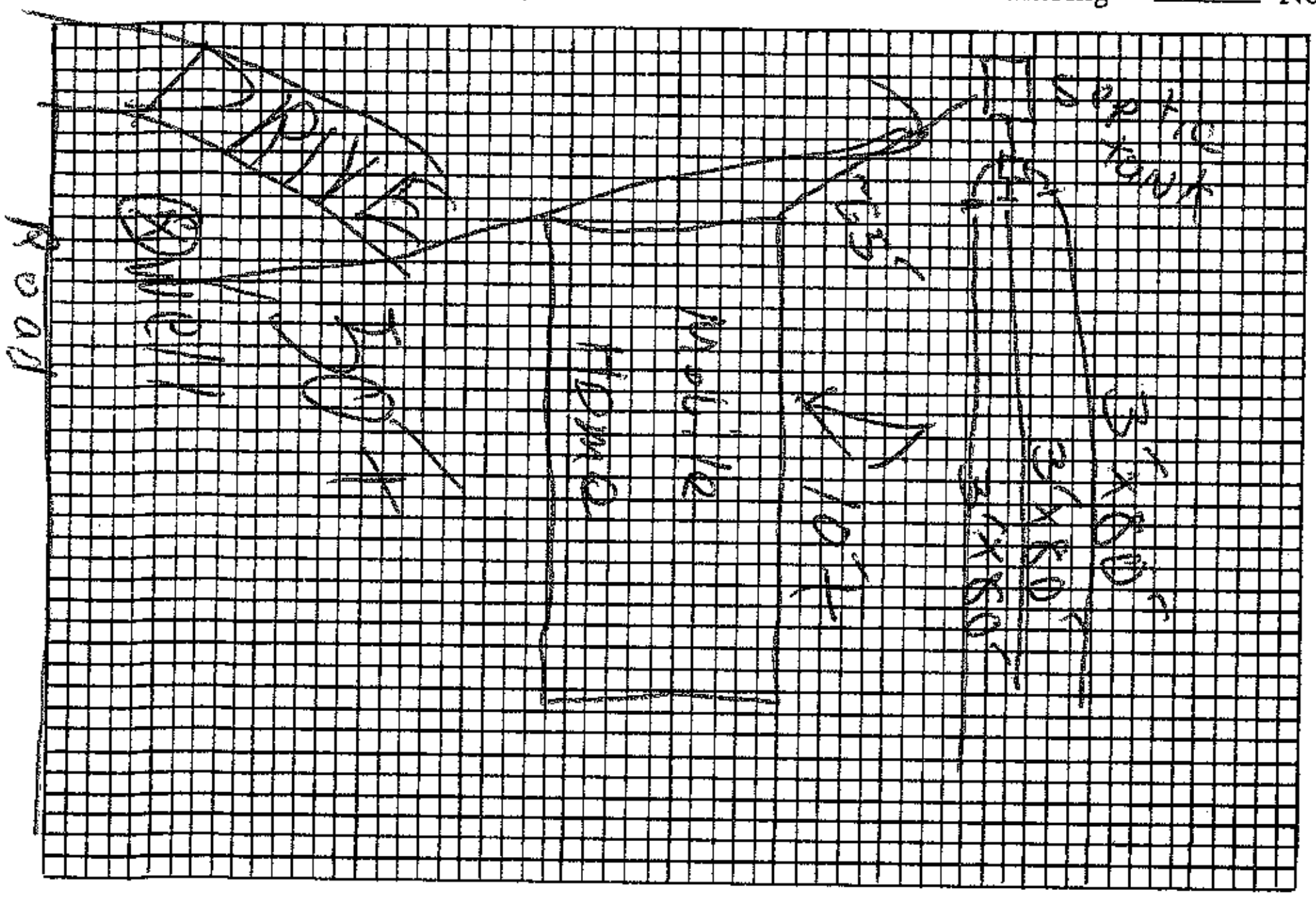
No. Bedrooms 3 No. Bathrooms 2

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

Lot Area 20,000 ft²

Character & Porosity of Soil ______
Percolation Rate ______
Topography ______
Depth to Water Table ______ Existing
Rock or other impervious formations ______

______ Basement with Plumbing ______ Basement without Plumbing ✓ No Basement



Plot of System

Size of Tank 1000 Gals.

Nitrification Field:
No. of Lines 3
Sq. Ft. 720 Linear Ft. 240
Depth of Stone in Lines 12"

Water Supply: Individual (✓)
Public ( )

Richard Beckworth 11-13-85

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: existing system working OK at date of inspection

CERTIFICATE OF COMPLETION BY ______ DATE ______

EXISTING SYSTEM CHECKED BY: Charles K. Barnett DATE 9-26-86

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