IREDELL COUNTY HEALTH DEPARTMENT 4676-36-9719

07854

(SEPTIC TANK) IMPROVEMENTS PERMIT AND CERTIFICATE OF COMPLETION

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

OWNER OR CONTRACTOR Lloyd Rose DATE 1/27/88 PERMIT NO.

PHONE: Business Home 664-1944 ~~Farm~~ Bechtee.

LOCATION 152 E TR Linwood TL Brumley TR 2nd Quail Hill ~ 5th lot on R. S. R. No.

SUBDIVISION NAME QUAIL HILL LOT NO. 27 SECTION OR BLOCK NO.

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

No. Bedrooms 2 No. Bathrooms 1½

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

Character & Porosity of Soil existing

Percolation Rate

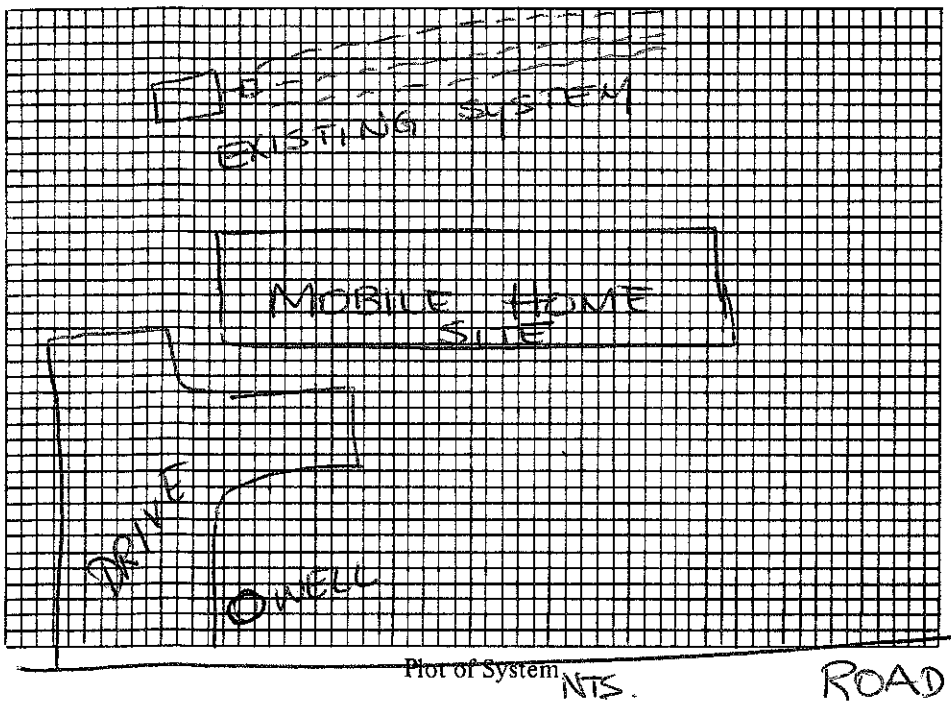
Topography

Depth to Water Table

Rock or other impervious formations

Lot Area

____ Basement with Plumbing ____ Basement without Plumbing ✓ No Basement



Plot of System NTS.

Size of Tank existing Gals.

Nitrification Field:

No. of Lines

Sq. Ft. Linear Ft.

Depth of Stone in Lines

Water Supply: Individual (✓)
Public ( )

Installed by

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

Signed:

IMPROVEMENTS PERMIT BY

COMMENTS: No sign of sewage seen at time of my inspection System appears to be funtioning properly.

CERTIFICATE OF COMPLETION BY DATE

EXISTING SYSTEM CHECKED BY: Arlie C. Price DATE 1/27/88

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