IREDELL COUNTY HEALTH DEPARTMENT 4676422281

(SEPTIC TANK) IMPROVEMENTS PERMIT AND CERTIFICATE OF COMPLETION
(Ground Absorption Sewage Disposal System – G. S. Chapter 130-Article 13C)

OWNER OR CONTRACTOR R A Smith Builders DATE 4-30-81 PERMIT NO. 123

PHONE: Business _____ Home _____

LOCATION 11505 on R just past junction with 1149

SUBDIVISION NAME Quail Run #2 LOT NO. 5 S. R. No. _____ SECTION OR BLOCK NO. _____

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

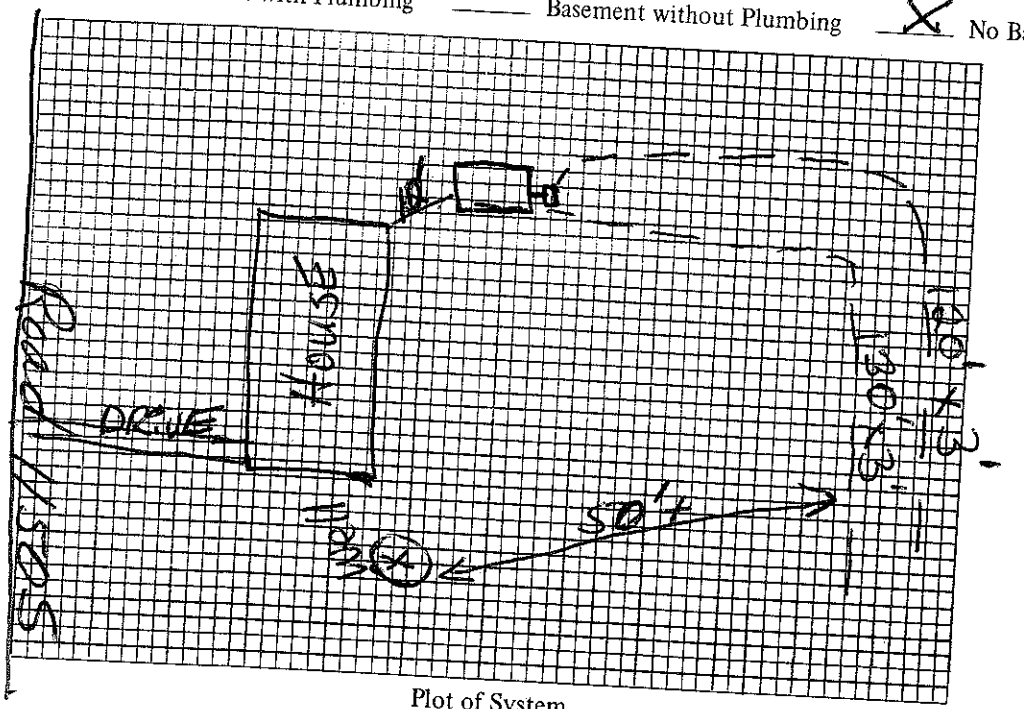
No. Bedrooms 3 No. Bathrooms 1½

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

Lot Area 20,000+ sq ft

Character & Porosity of Soil clay loam
Percolation Rate slight
Topography 2%
Depth to Water Table unknown
Rock or other impervious formations None observed

_____ Basement with Plumbing _____ Basement without Plumbing X No Basement



Plot of System

Size of Tank 1000 Gals.
Nitrification Field:
No. of Lines 2
Sq. Ft. 750 Linear Ft. 250
Depth of Stone in Lines 10"
Water Supply: Individual X
Public ( )

Installed by J. R. Bowles

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

Signed: _____

IMPROVEMENTS PERMIT BY OR Hinson

COMMENTS: _____

CERTIFICATE OF COMPLETION BY Fred Clemmer

EXISTING SYSTEM CHECKED BY: _____ DATE 4-30-81

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