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 Mildred Cook DATE Jan 14, 87 PERMIT NO. 30

PHONE: Business _____ Home _____

LOCATION 1150 TL 1153 (Brumley Rd.) TR 1st entrance into Quail Hill Rt at stop sign 200' on left S. R. No. _____

SUBDIVISION NAME Quail Hill LOT NO. 56 SECTION OR BLOCK NO. _____

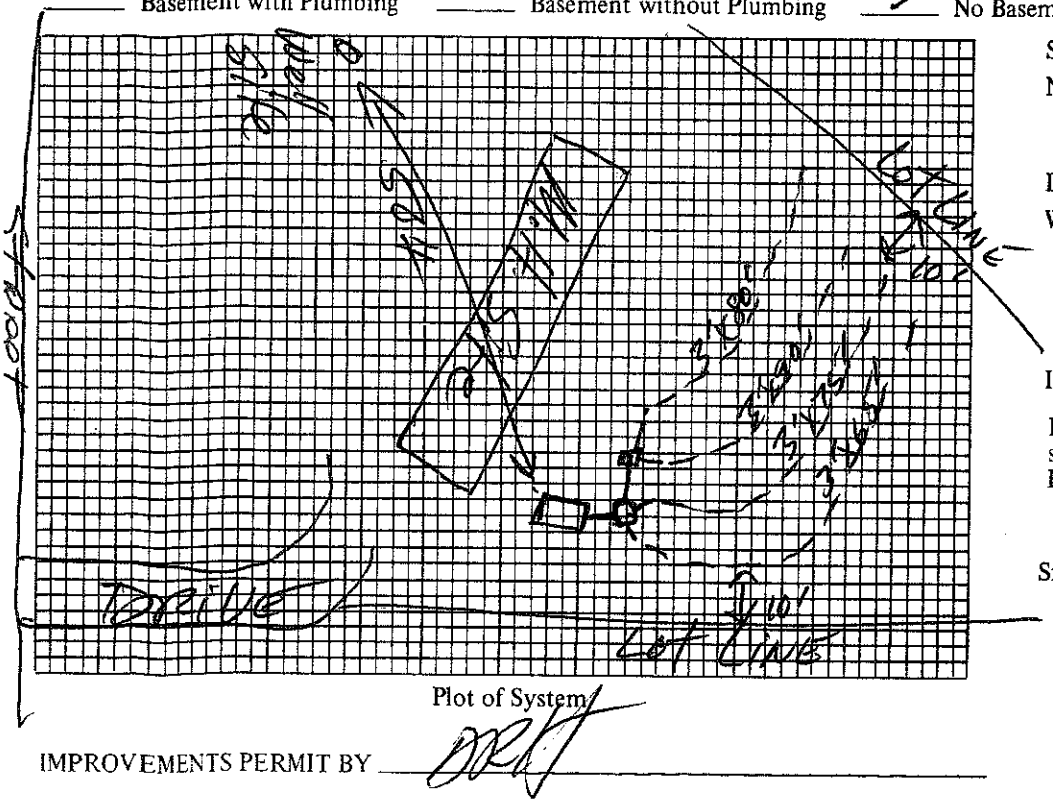
House ( ) Mobile Home (✓) Business ( ) Other _____

No. Bedrooms 3 No. Bathrooms 2

| | | | | | |
|---|---|---|---|---|---|
| Garbage Disposal Unit | Yes ( ) | No (✓) | Character & Porosity of Soil | clay | |
| Auto. Dishwasher | Yes ( ) | No (✓) | Percolation Rate | 4 | |
| Auto. Wash. Machine | Yes (✓) | No ( ) | Topography | 8-10% | |
| Site Suitable | Yes (✓) | No ( ) | Depth to Water Table | 4' | |
| | | | Rock or other impervious formations | none obs. | |

Lot Area 1.1 Ac

_____ Basement with Plumbing _____ Basement without Plumbing ✓ No Basement




Plot of System

Size of Tank 1000 Gals.

Nitrification Field:
No. of Lines 4
Sq. Ft. 900 Linear Ft. 300
Depth of Stone in Lines 12"

Water Supply: Individual (✓)
Public ( )

Installed by Kenneth Gobblehand

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

Signed: _____

IMPROVEMENTS PERMIT BY DRH

COMMENTS: _____

CERTIFICATE OF COMPLETION BY DR Harrison, RS DATE Jan 14, 87

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