IREDELL COUNTY HEALTH DEPARTMENT 4676-45-1459

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

OWNER OR CONTRACTOR PBS Realty DATE 6-5-89 PERMIT NO. A-22

PHONE: Business _____ Home _____

LOCATION Lot 70 Quail Hill sec IV

S. R. No. _____

SUBDIVISION NAME QUAIL HILL LOT NO. 70 SECTION OR BLOCK NO. 4

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

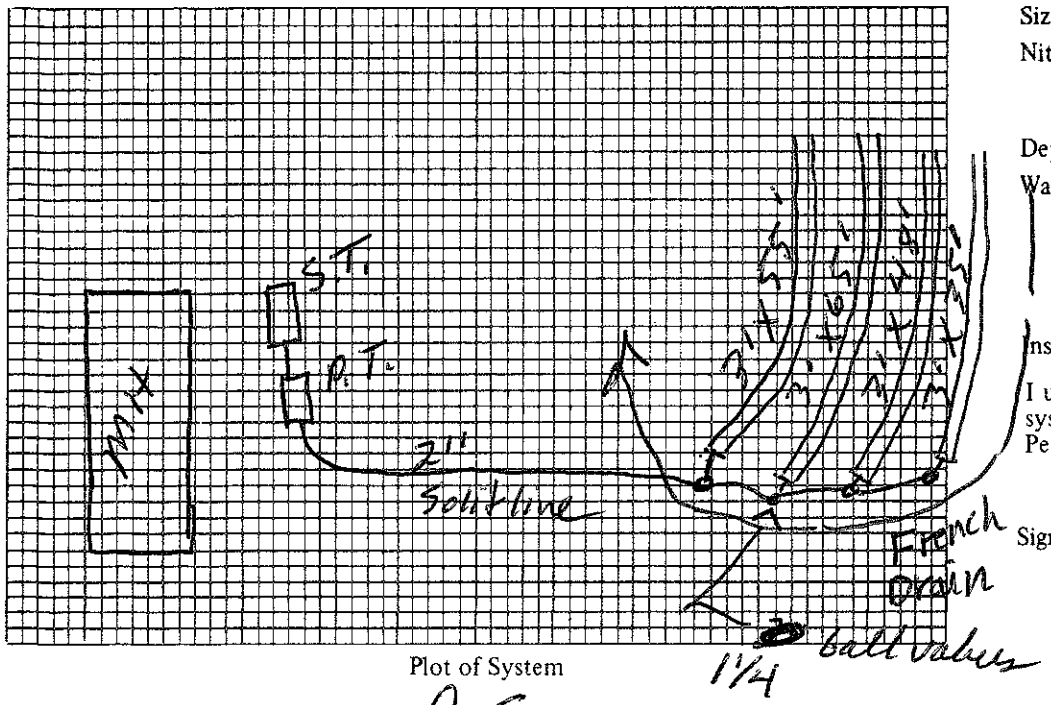
No. Bedrooms 3 No. Bathrooms 2

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

Character & Porosity of Soil Clayey
Percolation Rate 1 3
Topography 2 to 10%
Depth to Water Table 10'+
Rock or other impervious formations None

Lot Area 3.0 acres

_____ Basement with Plumbing _____ Basement without Plumbing _____ No Basement



Plot of System

Size of Tank 1000 P.T. / 1000 S.T. Gals.

Nitrification Field:
No. of Lines _____
Sq. Ft. _____ Linear Ft. _____
Depth of Stone in Lines _____

Water Supply: Individual ( )
Public ( )
200' 8" T+J Panel System

Installed by Dellinger Grading Lincolnton

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

Signed: _____

IMPROVEMENTS PERMIT BY J. C. Moore

COMMENTS: * Insp. Dept will need to check wiring + Switches For Pump. Liberty LE102 Pump used.

CERTIFICATE OF COMPLETION BY J. C. Moore DATE 6-5-89

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