12035

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 Donna Mahony DATE Sept. 28, '90 PERMIT NO. IH-12-A-69

PHONE: Business _____ Home _____

LOCATION 1153 (Linwood Rd.) TL 1153 (Brumley Rd.) TR 1st entrance into Quail Hill TR at stop sign 300-500' on Right S. R. No. _____

SUBDIVISION NAME Quail Hill LOT NO. 69 SECTION OR BLOCK NO. _____

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

Well

No. Bedrooms 3 No. Bathrooms 2

Garbage Disposal Unit Yes ( ) No (✓)

Auto. Dishwasher Yes (✓) No ( )

Auto. Wash. Machine Yes (✓) No ( )

Site Suitable Yes (✓) No ( )

Lot Area Existing

Character & Porosity of Soil _____

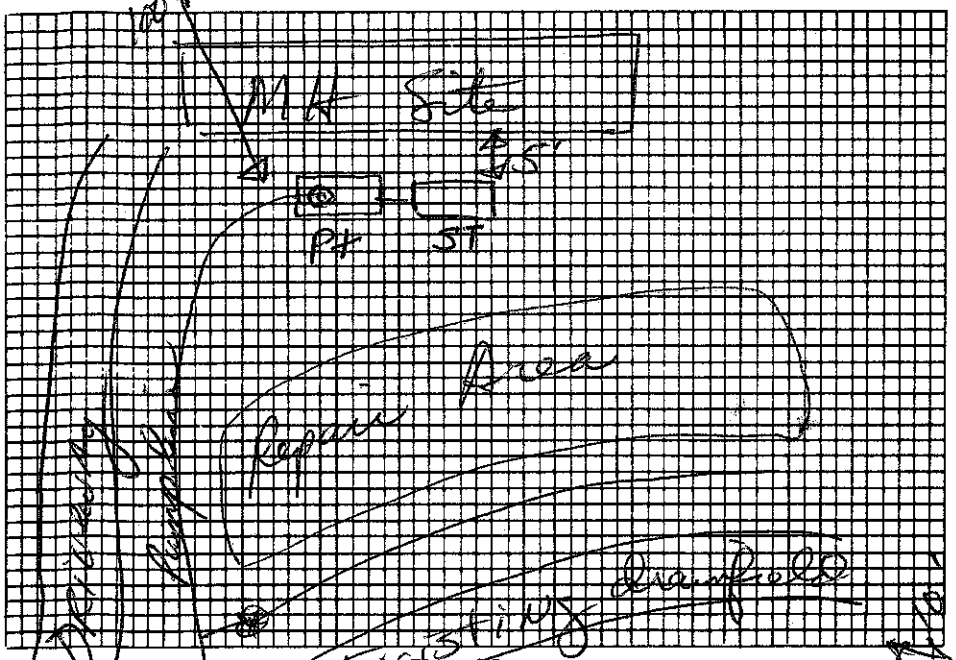
Percolation Rate _____

Topography _____

Depth to Water Table _____

Rock or other impervious formations _____

_____ Basement with Plumbing _____ Basement without Plumbing ✓ No Basement



(Pump system)

Size of Tank Existing Gals.

Nitrification Field:

No. of Lines Existing

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: @ 4 @ 10' Lot Line

Existing system showing no sign of malfunction at time of inspection

CERTIFICATE OF COMPLETION BY: _____ DATE _____

EXISTING SYSTEM CHECKED BY: D. Hinson / EHS DATE 9-28-90

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