04823

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 P.B.S. Realty DATE April 12, '89 PERMIT NO. _____

PHONE: Business _____ Home _____

LOCATION 1150 (Linwood Rd.) TL 1153 (Bramley Rd.) TR 1st entrance into Quail Hill TR at Stop Sign & 300-500' on Right S. R. No. _____

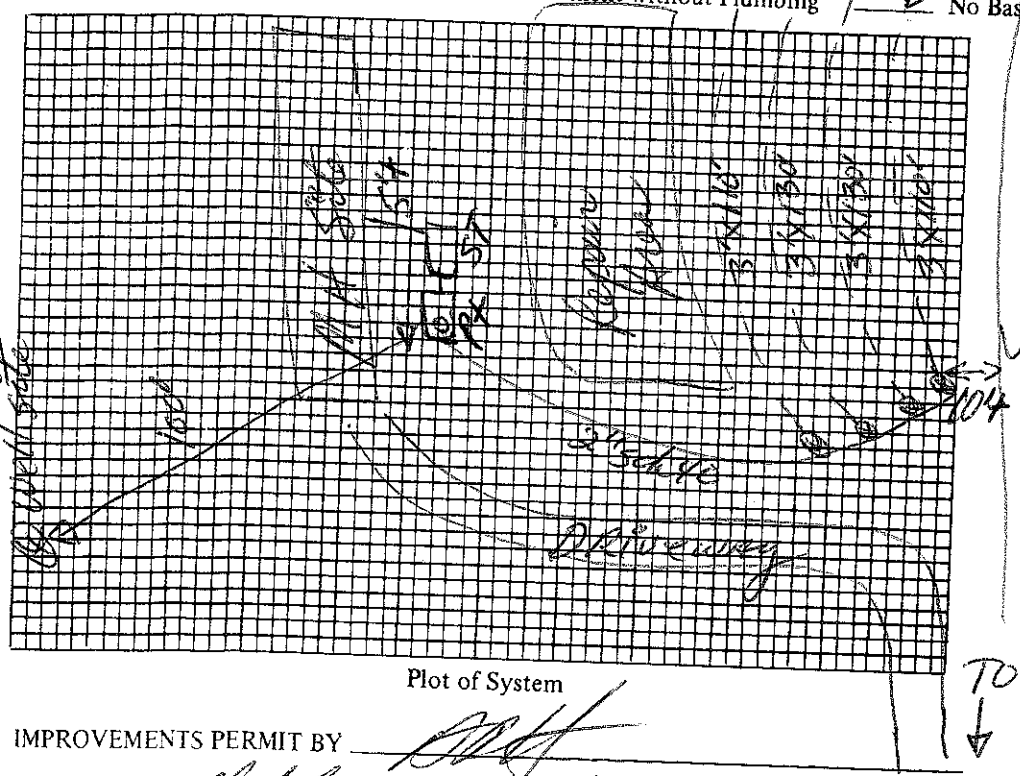
SUBDIVISION NAME Quail Hill LOT NO. 69 SECTION OR BLOCK NO. _____

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

No. Bedrooms 3 No. Bathrooms 2

Garbage Disposal Unit	Yes ( )	No (✓)	Character & Porosity of Soil	clay	
Auto. Dishwasher	Yes (✓)	No ( )	Percolation Rate	2 & 25	
Auto. Wash. Machine	Yes (✓)	No ( )	Topography	6-10%	
Site ~~Suitable~~ IS	Yes (✓)	No ( )	Depth to Water Table	4'+	
Lot Area 5 Ac.			Rock or other impervious formations	none obs.	

_____ Basement with Plumbing _____ Basement without Plumbing ✓ No Basement



Plot of System

1000 g.t.

Size of Tank 1000 Gals.

Nitrification Field:

No. of Lines 4

Sq. Ft. 1440 Linear Ft. 480

Depth of Stone in Lines 12"

Water Supply: Individual (✓)

Public ( )

Installed by Claudia Morrison

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

Signed: _____

IMPROVEMENTS PERMIT BY _____

COMMENTS: Mobile not on lot. Alt must be set 5'+ of tanks. Well not down. Alarm tested & working. Alt needs to be mounted inside mobile home. Alarm & pump to be on separate circuits.

CERTIFICATE OF COMPLETION BY DK Johnson, R.S. DATE April 12 '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