4676-45-8098

10344

IREDELL COUNTY HEALTH DEPARTMENT

IMPROVEMENT PERMIT AND CERTIFICATE OF COMPLETION / OPERATIONS PERMIT

OWNER OR CONTRACTOR Kary Smith DATE 10/8/92 PERMIT NO. IH-12-A-67

PHONE: Business _____ Home 528-3631

LOCATION 1st entrance off Brumley Rd, TR, TR at stop sign to 4th drive on L

S.R. No. _____

SUBDIVISION NAME Quail Hill LOT NO. 67 SECTION OR BLOCK NO. _____

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 ☐

Lot Area ~ 20,000 FT²

Soil Characteristics P - C

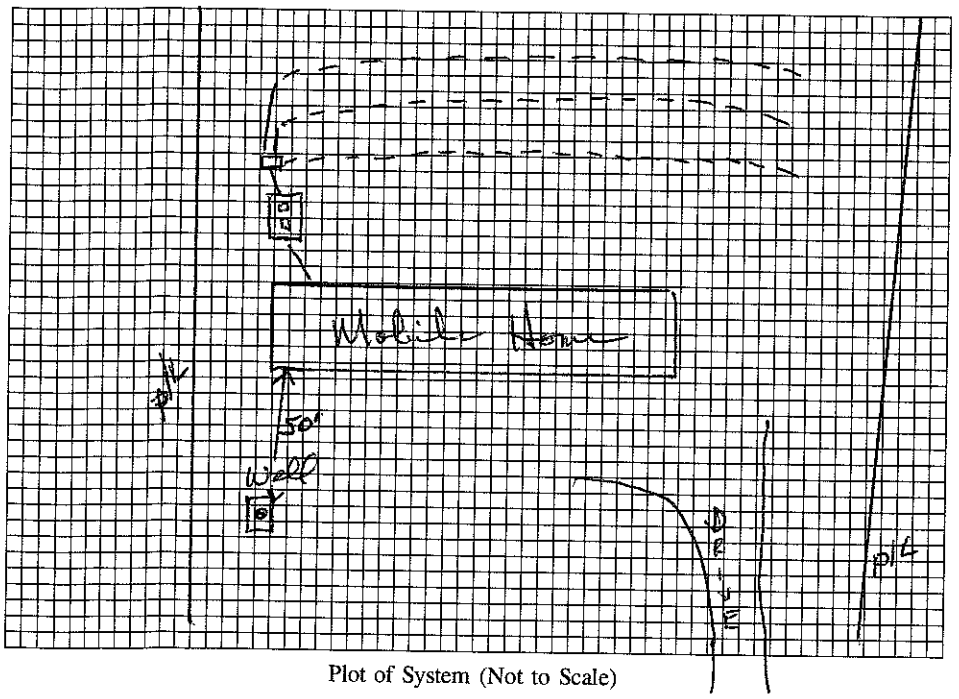
Application Rate P - .35 (ss-sp-wk)

Topography P - 3%

Depth to Water Table P - 48"

Rock or other impervious formations S - None found

_____ Basement with Plumbing _____ Basement without Plumbing _____ No Basement ✓ Crawl Space



Plot of System (Not to Scale)

Size of Tank 1000 Gals.

Nitrification Field:

No. of Lines 3@115'x3'

Sq. Ft. 1035 Linear Ft. 345

Depth of Stone in Lines 12"

Water Supply: Individual ☑ Public ☐

Installed by Kary Smith

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

Signed: _____

(IMPROVEMENT PERMIT IS VALID FOR 60 MONTHS FROM DATE OF ISSUE.)

IMPROVEMENT PERMIT BY _____

COMMENTS Wet - Lot of rain in the weeks during installation

CERTIFICATE OF COMPLETION BY Wesley Sparks RS. DATE 10/8/92

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 unapproved changes are made to the site, and/or if any false information is supplied toward securing Improvement Permit.

Health Dept. Copy: White Inspection Dept. Copy: Yellow Sanitarian's Copy: Pink Owner's Copy: Gold

10344

IREDELL COUNTY HEALTH DEPARTMENT

IMPROVEMENT PERMIT AND CERTIFICATE OF COMPLETION / OPERATIONS PERMIT

OWNER OR CONTRACTOR Kenny Smith

PHONE: Business _____ Home 528-3631 DATE 9/16/92 PERMIT NO. IH-12-A-65

LOCATION STOP SIGN TR TO 4th DRIVE ON (R)

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

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 ☐

Lot Area ~ 20,000 FT2

Soil Characteristics P - C

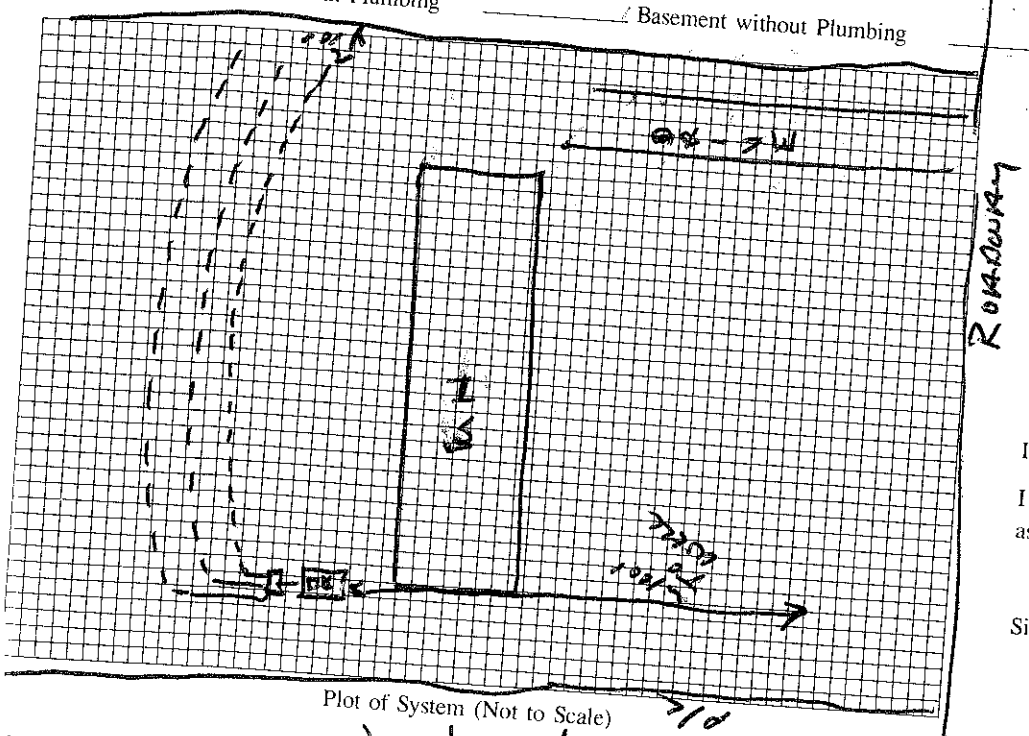
Application Rate P. 35 - 5 gpd/FT2

Topography P - SR

Depth to Water Table P - 48"

Rock or other impervious formations S - None observed

_____ Basement with Plumbing _____ Basement without Plumbing _____ No Basement ✓ Crawl Space



Plot of System (Not to Scale)

Size of Tank 1000 Gals.

Nitrification Field:

No. of Lines 3 @ 115' K31

Sq. Ft. 1035 Linear Ft. 345

Depth of Stone in Lines 12"

Water Supply: Individual ☑ Public ☐

Installed by _____

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

Signed: _____

(IMPROVEMENT PERMIT IS VALID FOR 60 MONTHS FROM DATE OF ISSUE.)

IMPROVEMENT PERMIT BY Wesley Sparks.

COMMENTS RE-ISSUE OF EXPIRED PERMIT.

CERTIFICATE OF COMPLETION BY _____

EXISTING SYSTEM CHECKED BY _____ DATE _____

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 unapproved changes are made to the site, and/or if any false information is supplied toward securing Improvement Permit.

Health Dept. Copy: White Inspection Dept. Copy: Yellow Sanitarian's Copy: Pink Owner's Copy: Gold