IREDELL COUNTY HEALTH DEPARTMENT 4676-46-1938

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

OWNER OR CONTRACTOR James Campbell DATE 12-17-85 PERMIT NO. 529

PHONE: Business _____ Home _____

LOCATION N. Main St. TR 1150 Linwood Rd TR 1153 (Brumley) Go ½ mile TR Quail Hill Drive ½ mile on R S. R. No. _____

SUBDIVISION NAME Quail Hill LOT NO. 25 SECTION OR BLOCK NO. _____

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

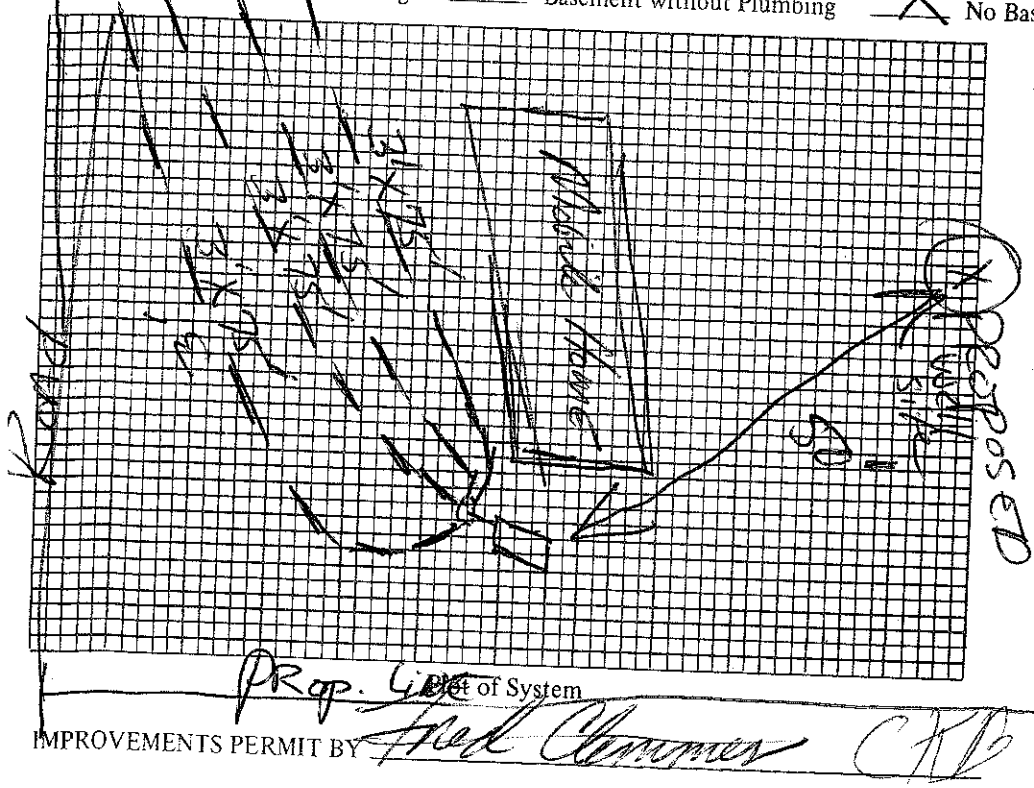
No. Bedrooms 3 No. Bathrooms 2

Garbage Disposal Unit Yes ( ) No (X)
~~Auto. Dishwasher~~ RIVE Yes (X) No ( )
Auto. Wash. Machine Yes (X) No ( )
Site Suitable Yes (X) No ( )

Lot Area 1.06Ac

Character & Porosity of Soil Clay-Clay loam-silty pan
Percolation Rate 0.4 gal/ft²/day
Topography B-Rolling
Depth to Water Table 4'
Rock or other impervious formations NONE obs.

_____ Basement with Plumbing _____ Basement without Plumbing X No Basement



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 (X)
Public ( )

Installed by Wayne Osborne

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

Signed: _____

IMPROVEMENTS PERMIT BY Fred Clemmer CRE

COMMENTS: _____

CERTIFICATE OF COMPLETION BY Fred Clemmer

EXISTING SYSTEM CHECKED BY: _____ DATE 12-17-85

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