4676-47-0234

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 Clyde Cockman DATE 11-14-85 PERMIT NO. 500

PHONE: Business _____ Home _____

LOCATION 1150 TL 1133 .2 mile TR Quail Hill Drive 5th on left

SUBDIVISION NAME Quail Hill LOT NO. 11 SECTION OR BLOCK NO. 2 S. R. No. _____

House ( ) Mobile Home (X) 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 clay

Percolation Rate .5 gal/ft²/day

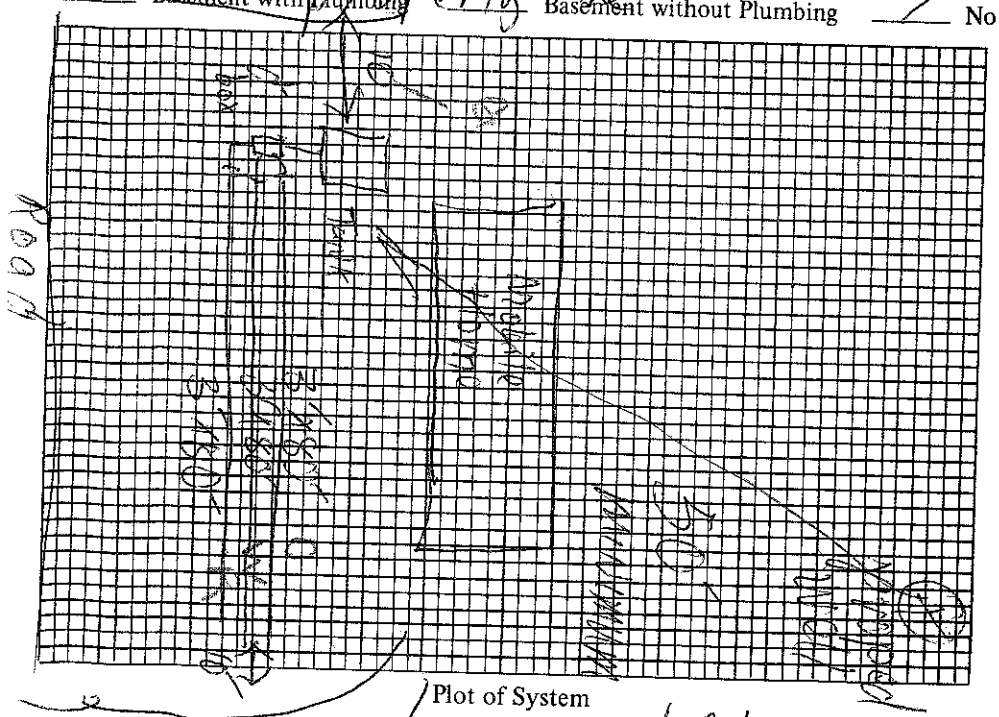
Topography 2-6%

Depth to Water Table 4'

Rock or other impervious formations None obs

Lot Area 30,000ft² Property line

Basement with Plumbing ____ Basement without Plumbing ____ No Basement ✓



Size of Tank 1000 Gals.

Nitrification Field:
No. of Lines 3
Sq. Ft. 720 Linear Ft. 240
Depth of Stone in Lines 12"

Water Supply: Individual (X)
Public ( )

Installed by Dellinger

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

Signed: _____

IMPROVEMENTS PERMIT BY Fred Clemmer

COMMENTS: well was not put down at date of inspection @ 11-14-85

CERTIFICATE OF COMPLETION BY Charles K. Bennett DATE 11/14/85

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