IREDELL COUNTY HEALTH DEPARTMENT 4676-47-1363

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

OWNER OR CONTRACTOR Clyde M. Cockman DATE 10-3-86 PERMIT NO. 536

PHONE: Business _____ Home _____

LOCATION 1150 TL1153 TR 2nd entrance into Quail Hill on left before jct w/ next street S. R. No. _____

SUBDIVISION NAME Quail Hill LOT NO. 12 SECTION OR BLOCK NO. 2

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

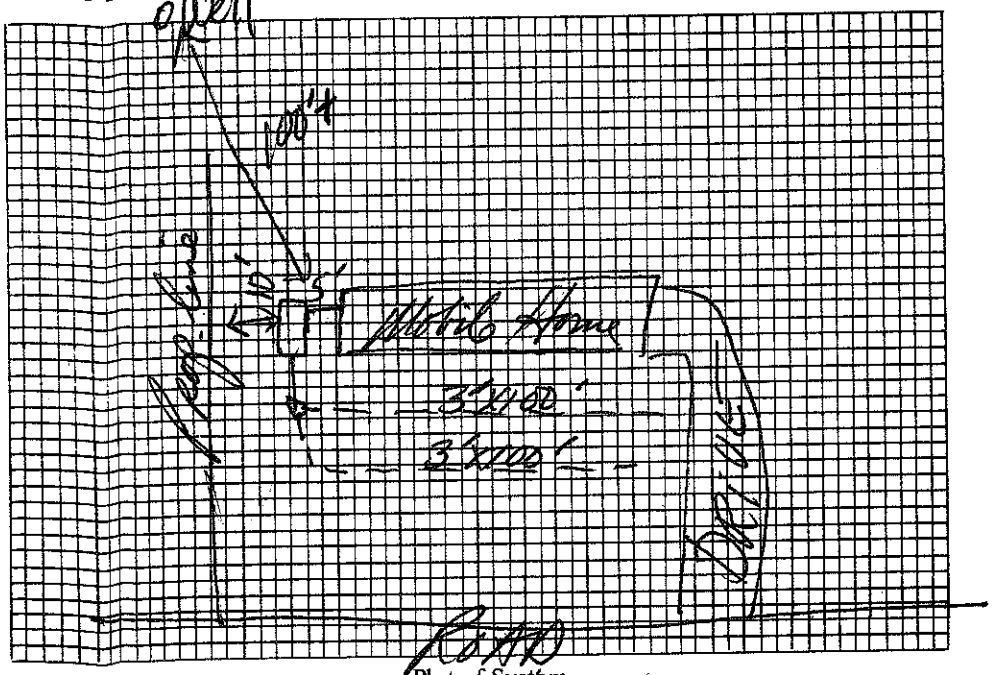
No. Bedrooms 2 No. Bathrooms 1

Garbage Disposal Unit	Yes ( )	No (✓)	
Auto. Dishwasher	Yes ( )	No (✓)	
Auto. Wash. Machine	Yes (✓)	No ( )	
Site Suitable	Yes (✓)	No ( )	

Lot Area 20000 sq ft

Character & Porosity of Soil clay
Percolation Rate 4 mpi
Topography 2-4%
Depth to Water Table 48+
Rock or other impervious formations none obs.

_____ Basement with Plumbing _____ Basement without Plumbing ✓ No Basement



Plot of System

Size of Tank 1000 Gals.
Nitrification Field:
No. of Lines 2
Sq. Ft. 600 Linear Ft. 200
Depth of Stone in Lines 12"
Water Supply: Individual (✓)
Public ( )
Well next door
Installed by J R Bowles

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

Signed: _____

IMPROVEMENTS PERMIT BY _____

COMMENTS: _____

CERTIFICATE OF COMPLETION BY D R Hinson, RS DATE 10-3-86

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

1/2000

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 M. Cochran DATE 9-25-86 PERMIT NO. 401

PHONE: Business _____ Home _____

LOCATION 150 TR 1153 TR 2nd entrance into Quail Hill on left before int. w/ next street S. R. No. _____

SUBDIVISION NAME Quail Hill LOT NO. 12 SECTION OR BLOCK NO. _____

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

No. Bedrooms 2 No. Bathrooms 1

Garbage Disposal Unit	Yes ( )	No (✓)	
Auto. Dishwasher	Yes ( )	No (✓)	
Auto. Wash. Machine	Yes (✓)	No ( )	
Site Suitable	Yes (✓)	No ( )	

Lot Area 20000 sq ft

Character & Porosity of Soil Sandy clay

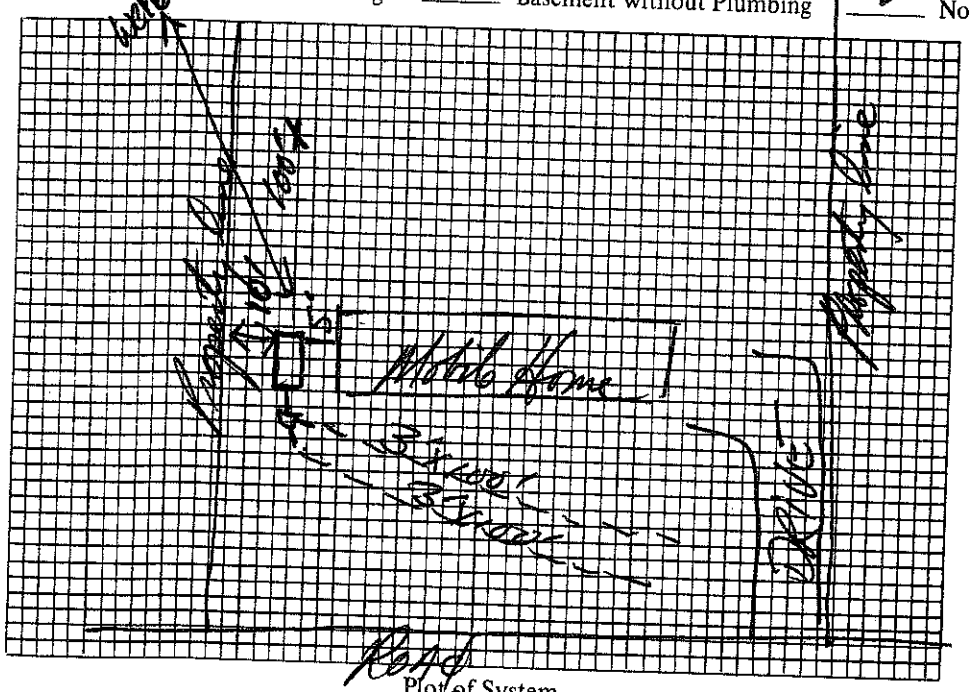
Percolation Rate 27

Topography 2-4%

Depth to Water Table 24+

Rock or other impervious formations none to 6'.

_____ Basement with Plumbing _____ Basement without Plumbing ✓ No Basement



Plot of System

Size of Tank 1000 Gals.

Nitrification Field:
No. of Lines 2
Sq. Ft. 600 Linear Ft. 200
Depth of Stone in Lines 12"

Water Supply: Individual (✓)
Public ( )
Well next door

Installed by _____

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

~~X~~ Signed Clyde Cochran

IMPROVEMENTS PERMIT BY Carl R. Hinson R.S.

COMMENTS: Keep drainfield mulched

CERTIFICATE OF COMPLETION BY _____ DATE _____

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