COPY 4676-47-2399

IREDELL COUNTY HEALTH DEPARTMENT

11974 (SEPTIC TANK) IMPROVEMENTS PERMIT AND CERTIFICATE OF COMPLETION

(Ground Absorption Sewage Disposal System – G. S. Chapter 130-Article 13C)

OWNER OR CONTRACTOR Michael Kovack DATE 9/11/90 PERMIT NO. 111-11-A-13

PHONE: Business _____ Home _____

LOCATION Linwood TL Brumley TR 2nd entrance into Quail Hill Go to stop sign On left corner lot S. R. No. _____

SUBDIVISION NAME Quail Hill LOT NO. 13 SECTION OR BLOCK NO. _____

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

No. Bedrooms 1 No. Bathrooms 1

Garbage Disposal Unit Yes ( ) No ( )

Auto. Dishwasher Yes ( ) No ( )

Auto. Wash. Machine Yes ( ) No ( )

Site Suitable Yes ( ) No ( )

Lot Area _____

Character & Porosity of Soil _____

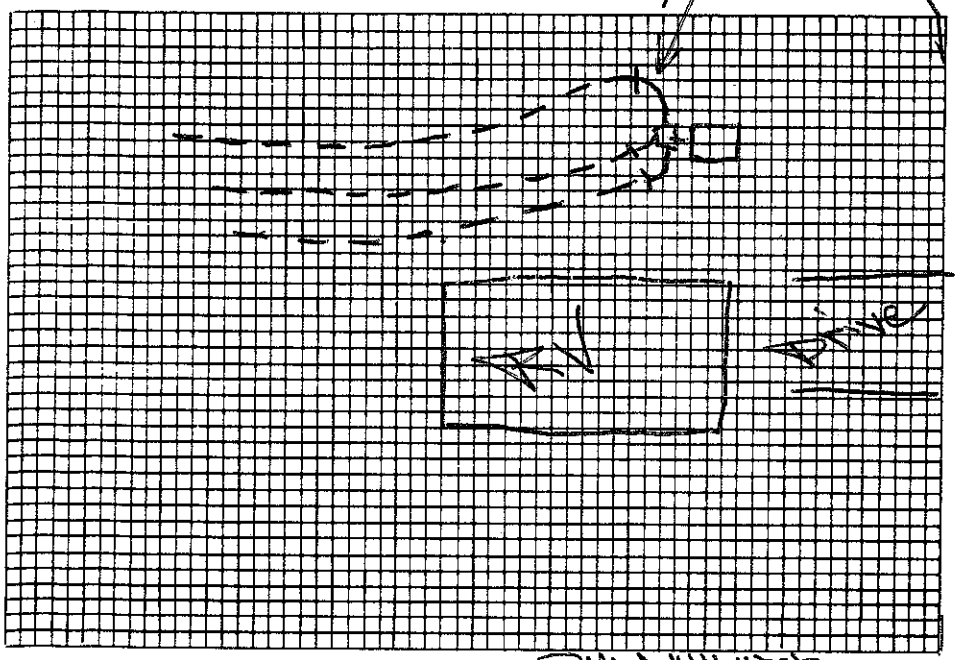
Percolation Rate _____

Topography _____

Depth to Water Table _____

Rock or other impervious formations _____

_____ Basement with Plumbing _____ Basement without Plumbing _____ No Basement



Plot of System Quail Hill Drive

Size of Tank 1000 Gals.

Nitrification Field:

No. of Lines 3

Sq. Ft. 720' Linear Ft. 240'

Depth of Stone in Lines 1

Water Supply: Individual (✓)

Public ( )

Installed by _____

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

Signed: _____

IMPROVEMENTS PERMIT BY _____

COMMENTS: _____

CERTIFICATE OF COMPLETION BY _____ DATE _____

EXISTING SYSTEM CHECKED BY: Sam Ingram EHS DATE 9/11/90

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

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IREDELL COUNTY HEALTH DEPARTMENT 4676-47-2399

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

OWNER OR CONTRACTOR Elmer Dwayne Sides DATE Oct. 6, '87 PERMIT NO.

PHONE: Business Home

LOCATION 1150 to 1153 (Brumley) TR 2nd entrance into Quail Hill on left - corner lot S. R. No.

SUBDIVISION NAME Quail Hill LOT NO. 13 SECTION OR BLOCK NO.

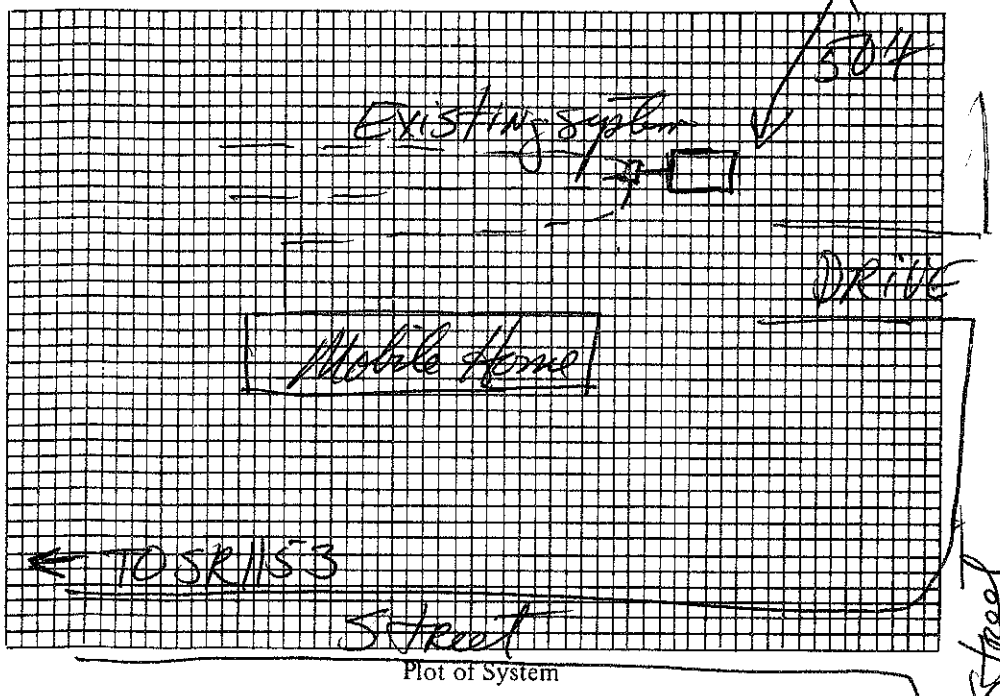
House ( ) Mobile Home (✓) Business ( ) Other Replacing mobile home

No. Bedrooms 2 No. Bathrooms 2

Garbage Disposal Unit	Yes ( )	No (✓)	Character & Porosity of Soil	
Auto. Dishwasher	Yes ( )	No (✓)	Percolation Rate	
Auto. Wash. Machine	Yes (✓)	No ( )	Topography	
Site Suitable	Yes ( )	No ( )	Depth to Water Table	
			Rock or other impervious formations	

Lot Area Existing

___ Basement with Plumbing ___ Basement without Plumbing ___ No Basement



Plot of System

Size of Tank Existing Gals.
Nitrification Field:
No. of Lines Existing
Sq. Ft. Linear Ft.
Depth of Stone in Lines
Water Supply: Individual (✓)
Public ( )

Installed by

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

Signed:

IMPROVEMENTS PERMIT BY

COMMENTS: Existing system OK at time of inspection.

CERTIFICATE OF COMPLETION BY DATE

EXISTING SYSTEM CHECKED BY: DR Hanson, RS DATE 10-6-87

CONSTRUCTION MUST COMPLY WITH ALL OTHER APPLICABLE STATE AND LOCAL REGULATIONS.

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

IREDELL COUNTY HEALTH DEPARTMENT 4676-47-2399

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

OWNER OR CONTRACTOR Teresa Crook DATE Mar 12, 87 PERMIT NO. _____

PHONE: Business _____ Home _____

LOCATION 1150 TR 1153 (Brumley Rd.) TR 2nd entrance into Quail Hill on left - corner lot w/ Quail Hill Dr & Lakewood Dr. S. R. No. _____

SUBDIVISION NAME Quail Hill LOT NO. 13 SECTION OR BLOCK NO. _____

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

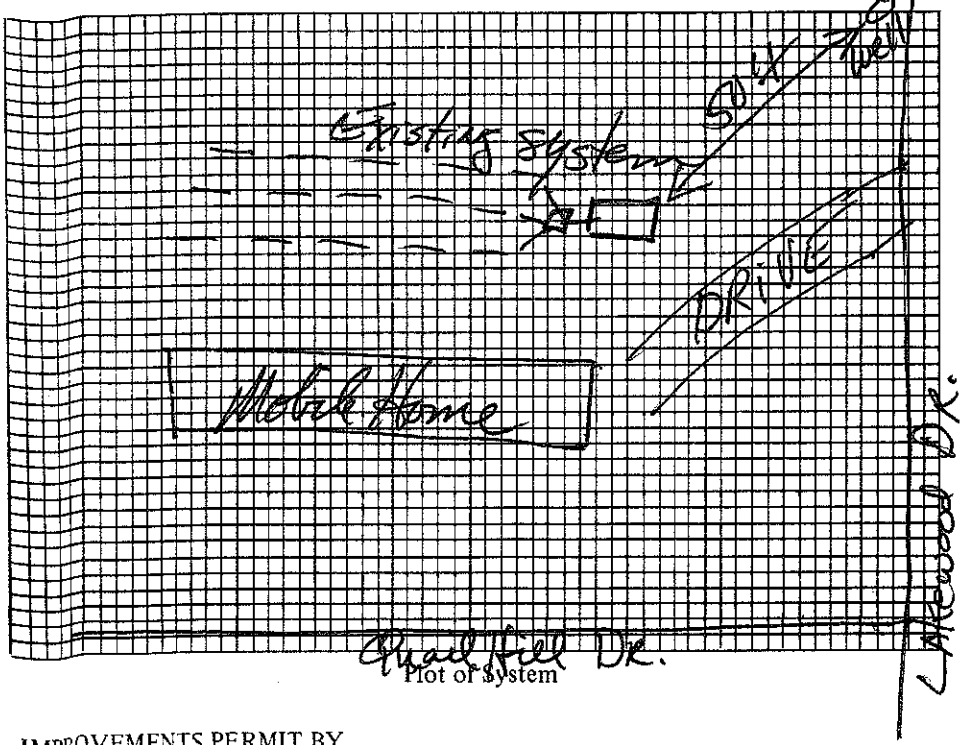
No. Bedrooms 3 No. Bathrooms 1

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

Character & Porosity of Soil _____
Percolation Rate _____
Topography _____
Depth to Water Table _____
Rock or other impervious formations _____

Lot Area Existing

___ Basement with Plumbing ___ Basement without Plumbing ___✓___ No Basement



Plot of system

Size of Tank Existing Gals.
Nitrification Field:
No. of Lines Existing
Sq. Ft. _____ Linear Ft _____
Depth of Stone in Lines _____
Water Supply: Individual ( )
Public ( )

Installed by _____

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

Signed: _____

IMPROVEMENTS PERMIT BY _____

COMMENTS: Existing system OK at time of inspection.

CERTIFICATE OF COMPLETION BY _____ DATE _____

EXISTING SYSTEM CHECKED BY: DR Henson, KS DATE 3-12-87

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

IREDELL COUNTY HEALTH DEPARTMENT 4676-47-2399

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

OWNER OR CONTRACTOR Kathy Lewis DATE 3-27-86 PERMIT NO. 130

PHONE: Business _____ Home _____

LOCATION N. Main TR Linwood Rd go ~2.0 miles TL on Brumley Rd go ½ mile TR into Quail Hill go to end of Road TL 1st on left S. R. No. _____

SUBDIVISION NAME Quail Hill LOT NO. 13 SECTION OR BLOCK NO. _____

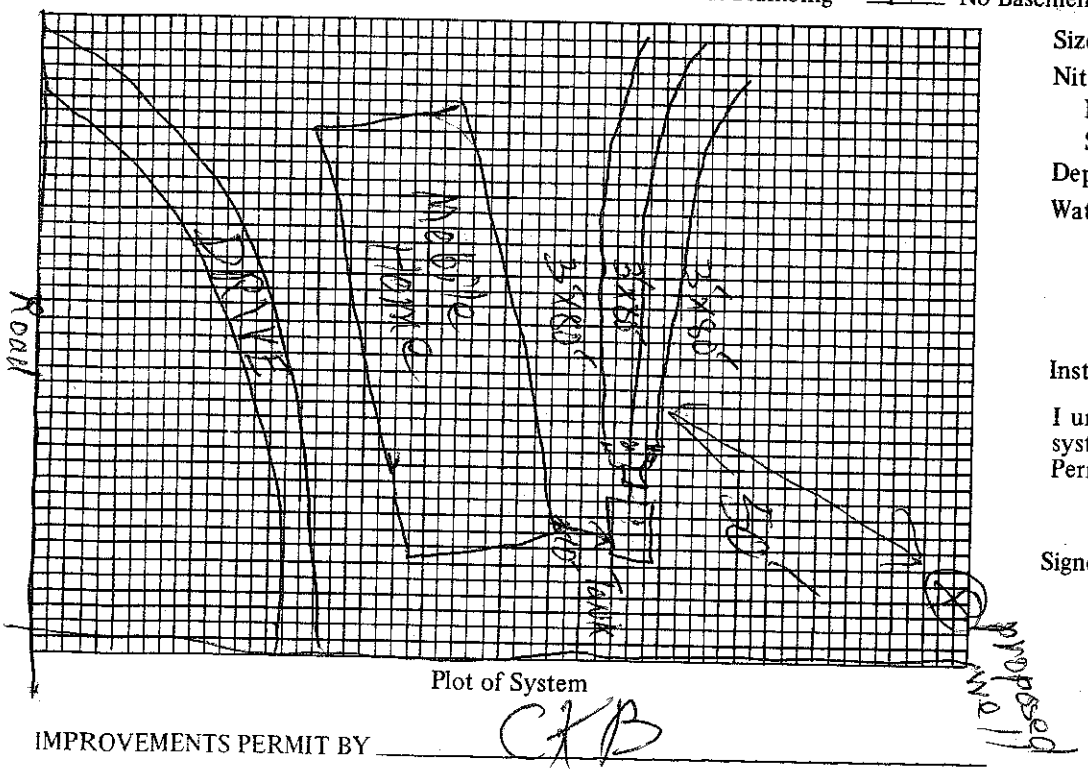
House (✓) Mobile Home ( ) Business ( ) Other _____

No. Bedrooms 3 No. Bathrooms 2

Garbage Disposal Unit	Yes ( )	No (✓)	Character & Porosity of Soil	clay with parent material
Auto. Dishwasher	Yes (✓)	No ( )	Percolation Rate	0.5 gal/ft²/day
Auto. Wash. Machine	Yes (✓)	No ( )	Topography	2-8%
Site Suitable	Yes (✓)	No ( )	Depth to Water Table	4'
			Rock or other impervious formations	None obs.

Lot Area 1 acre

_____ Basement with Plumbing _____ Basement without Plumbing X 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 (✓)
Public ( )

Installed by Cha

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

Signed: _____

IMPROVEMENTS PERMIT BY CKB

COMMENTS: _____

CERTIFICATE OF COMPLETION BY Charles K. Barnett DATE 3-27-86

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