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. 117-11-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. _____

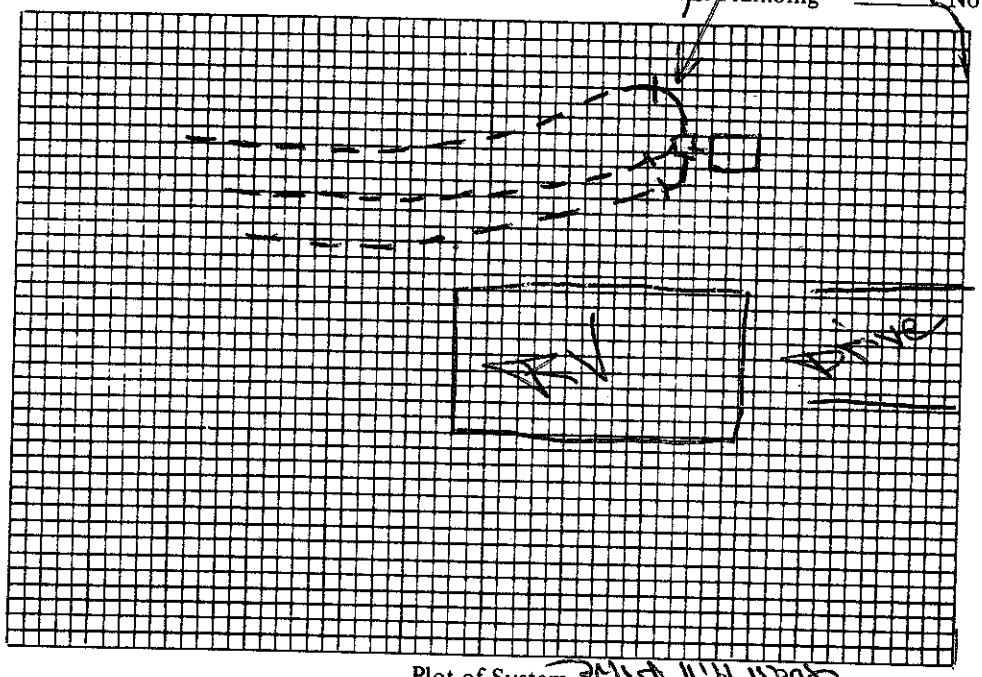
House ( ) Mobile Home (✓) Business ( ) Other Existing

No. Bedrooms 1 No. Bathrooms 1

Garbage Disposal Unit	Yes ( )	No ( )	Character & Porosity of Soil _____
Auto. Dishwasher	Yes ( )	No ( )	Percolation Rate 30
Auto. Wash. Machine	Yes ( )	No ( )	Topography Level
Site Suitable	Yes ( )	No ( )	Depth to Water Table _____
			Rock or other impervious formations _____

Lot Area _____

_____ Basement with Plumbing _____ Basement without Plumbing _____ No Basement



Plot of System Quail Hill Road

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 E.H.S. 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