4676-47-3032

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 Steve Westmoreland DATE 12-6-85 PERMIT NO. 517

PHONE: Business _____ Home _____

LOCATION 1130 TL-1133 TL- Quail Hill Dr, TR Riverbend Rd 1st on R

S. R. No. _____

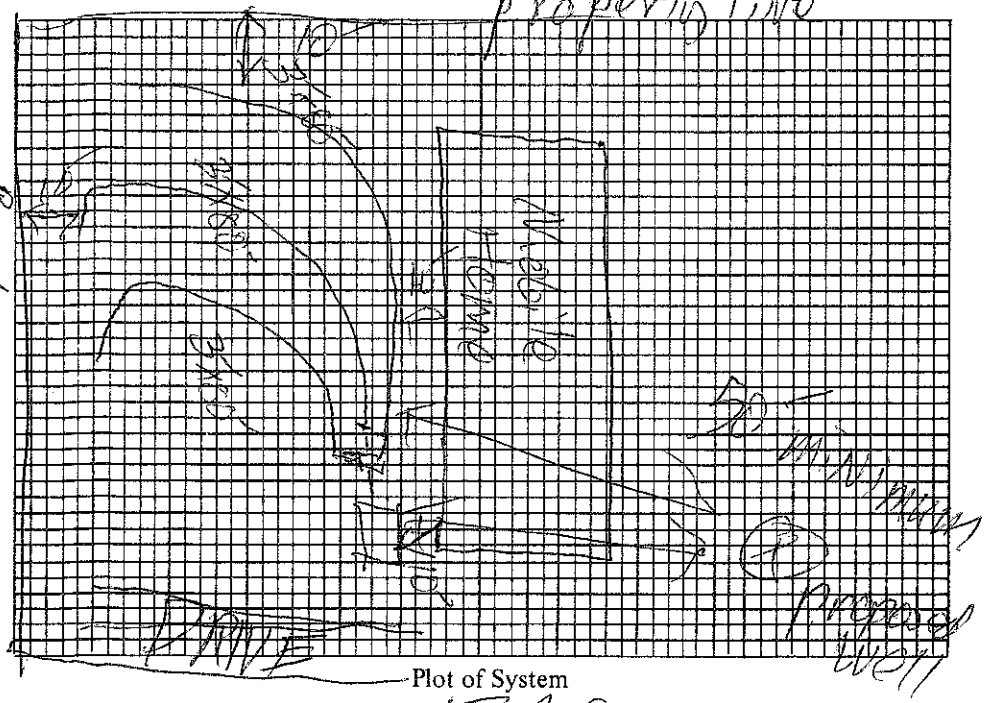
SUBDIVISION NAME Quail Hill LOT NO. 23 SECTION OR BLOCK NO. _____

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

No. Bedrooms 3 No. Bathrooms 2
Garbage Disposal Unit Yes ( ) No (X)
Auto. Dishwasher Yes (X) No ( )
Auto. Wash. Machine Yes (X) No ( )
Site Suitable Yes (X) No ( )
Lot Area ~ 3/4 acre

Character & Porosity of Soil clay loam
Percolation Rate ~~2-60~~ 2-60 @ 5 gal/ff²/day
Topography L 2-6% 9
Depth to Water Table _____
Rock or other impervious formations none obs

_____ Basement with Plumbing _____ Basement without Plumbing X No Basement



Plot of System

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 Cline & Gillion

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

Signed: _____

IMPROVEMENTS PERMIT BY FAC

COMMENTS: Well had not been put down at time of Inspection; ~~We~~ Need to be a minimum 50' from tank & lines

CERTIFICATE OF COMPLETION BY CR Charles R. Bennett DATE 12-6-85

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

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 Steve Westmoreland DATE 11-25-85 PERMIT NO. 384

PHONE: Business _____ Home _____

LOCATION 1150 R 1163 R Quail Hill Drive TR River Bend Rd 1ST on R S. R. No. _____

SUBDIVISION NAME Quail Hill LOT NO. 23 SECTION OR BLOCK NO. _____

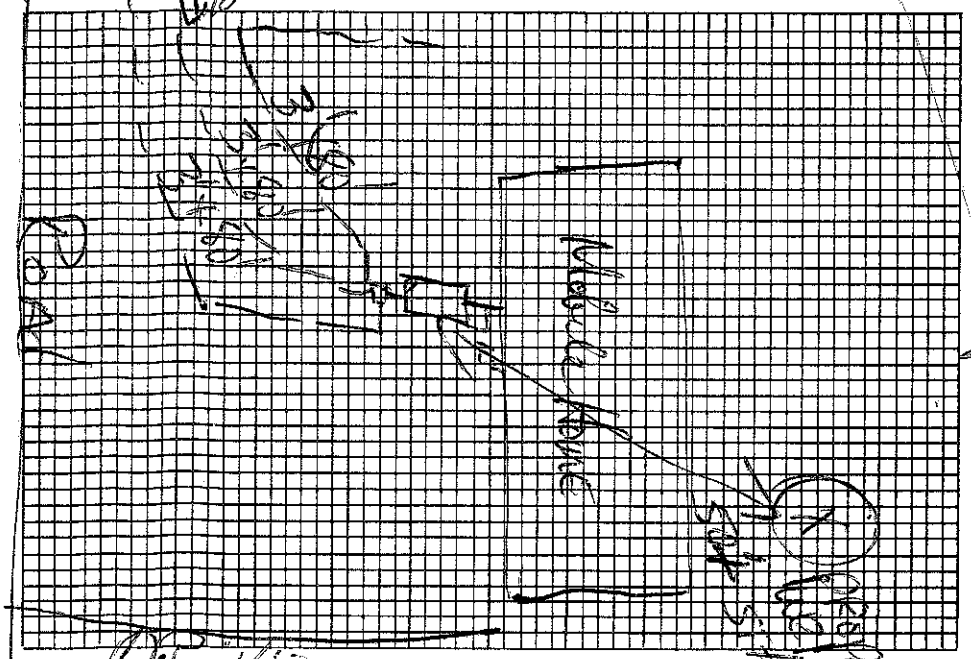
House ( ) Mobile Home (X) Business ( ) Other _____

No. Bedrooms 3 No. Bathrooms 2

Garbage Disposal Unit	Yes ( )	No (X)	Character & Porosity of Soil	Clay loam w/ gravel
Auto. Dishwasher	Yes (X)	No ( )	Percolation Rate	0 5 60 / 2 - 60 / 4
Auto. Wash. Machine	Yes (X)	No ( )	Topography	Rolling
Site Suitable	Yes (X)	No ( )	Depth to Water Table	
			Rock or other impervious formations	NONE OBS

Lot Area ~ 3/4 mile Prop. Line

_____ 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 (X)
Public ( )

Installed by _____

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

Signed: X Steve Westmoreland

IMPROVEMENTS PERMIT BY Paul Plummer

COMMENTS: Keep system shallow, follow contours

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