4676-47-5069

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 William L. Bradshaw DATE 1-22-86 PERMIT NO. 36

PHONE: Business _____ Home _____

LOCATION N. Main Street TR (1150) (Lingwood Road) ~2 miles TR 1153 ~.2 miles TR Quail Hill

SUBDIVISION NAME Quail Hill DRIVE TR LAKEWIND LOT NO. DRIVE SECTION OR BLOCK NO. 2 Lot 17

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

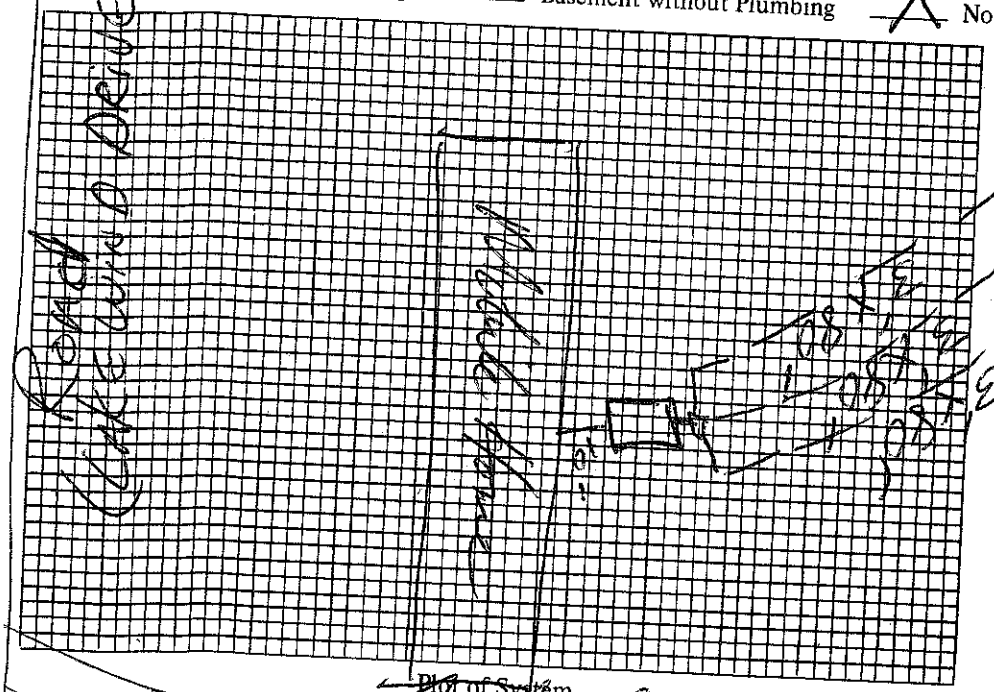
No. Bedrooms 2 No. Bathrooms 1

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

Character & Porosity of Soil Clay-Sandy Loam
Percolation Rate 0-25 MPI 25-30 60 MPI
Topography Slope
Depth to Water Table
Rock or other impervious formations NONE OBS.

Lot Area 20,000 Ft2 (~3/4 ACRE)

_____ Basement with Plumbing _____ Basement without Plumbing X No Basement



Size of Tank 1000 Gals.
Nitrification Field:
No. of Lines 3
Sq. Ft. 228 Linear Ft. 240
Depth of Stone in Lines 12"
Water Supply: Individual (X)
Public

Installed by Roy Hefner

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

Signed: _____

IMPROVEMENTS PERMIT BY Paul Clemmer

COMMENTS: Will not down yet

CERTIFICATE OF COMPLETION BY Paul Clemmer

EXISTING SYSTEM CHECKED BY: _____ DATE 1-22-86

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

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