COPY

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15334

IREDELL COUNTY HEALTH DEPARTMENT

IMPROVEMENT PERMIT AND CERTIFICATE OF COMPLETION / OPERATIONS PERMIT

OWNER OR CONTRACTOR Charles Steven Brown DATE 11/10/92 PERMIT NO. IH-11-A-14

PHONE: Business _____ Home 663-2408

LOCATION Enochville TR off 152E, TL on Brumley, TR 2nd Quail Hill to INTER, TL to last mobile on (R) S.R. No. _____

SUBDIVISION NAME Quail Hill LOT NO. 14 SECTION OR BLOCK NO. 2

House ☐ Mobile Home ☑ Business ☐ Other Add 1 Room

No. Bedrooms 3 No. Bathrooms 2

Garbage Disposal Unit Yes ☐ No ☑

Auto. Dishwasher Yes ☑ No ☐

Auto. Wash. Machine Yes ☑ No ☐

Lot Area Existing

Soil Characteristics _____

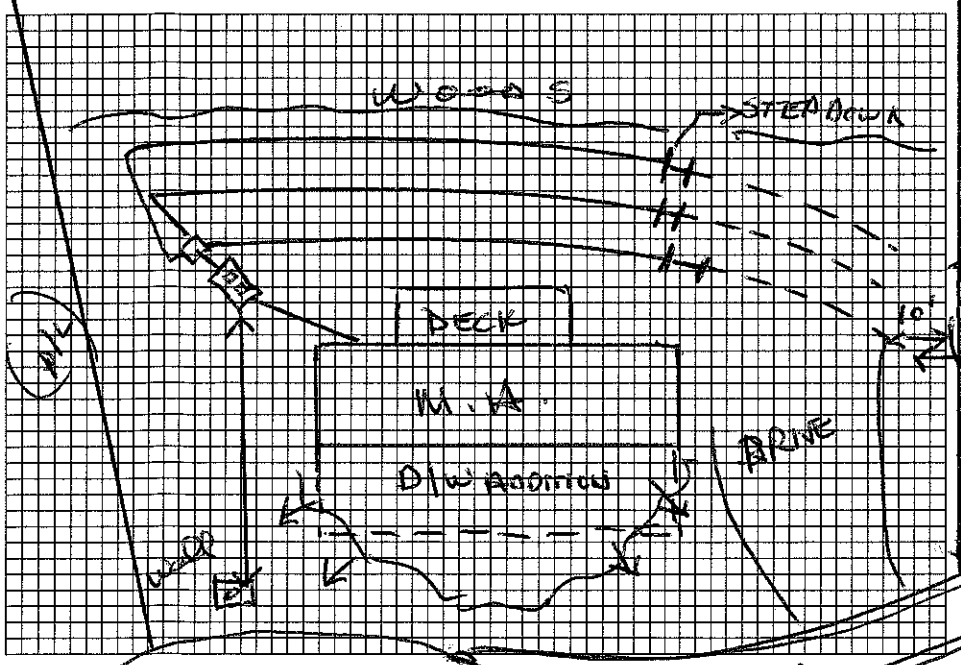
Application Rate P .03-.35 Curb Trans.

Topography _____

Depth to Water Table _____

Rock or other impervious formations _____

_____ Basement with Plumbing _____ Basement without Plumbing _____ No Basement ✓ Crawl Space



Plot of System (Not to Scale)

Size of Tank 1000 Gals.

Nitrification Field:

No. of Lines 3 @ 35' (115' EACH)

Sq. Ft. 315 Linear Ft. 105

Depth of Stone in Lines 12"

Water Supply: Individual ☑ Public ☐

50'

Installed by Donald Lackey.

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

Signed: _____

(IMPROVEMENT PERMIT IS VALID FOR 60 MONTHS FROM DATE OF ISSUE.)

ROAD.

IMPROVEMENT PERMIT BY _____

COMMENTS _____

CERTIFICATE OF COMPLETION BY Wesley Sparks RS. DATE 11/10/92

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 unapproved changes are made to the site, and/or if any false information is supplied toward securing Improvement Permit.

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

2/1:30

15334

IREDELL COUNTY HEALTH DEPARTMENT

IMPROVEMENT PERMIT AND CERTIFICATE OF COMPLETION / OPERATIONS PERMIT

OWNER OR CONTRACTOR CHARLES STEVE BROWN DATE 10/15/92 PERMIT NO. IH-11-A-14

PHONE: Business _____ Home 663-2403

LOCATION SOUTH ON ENOCHVILLE RD, TURN LEFT ON BRUMLEY, RIGHT IN TO QUAIL HILL, LEFT AT STOP, LAST MH ON RT AT CULDESAC S.R. No. _____

SUBDIVISION NAME QUAIL HILL LOT NO. 14 SECTION OR BLOCK NO. _____

House ☐ Mobile Home ☑ Business ☐ Other ADDITION

No. Bedrooms 3 No. Bathrooms 2

Garbage Disposal Unit Yes ☐ No ☒

Auto. Dishwasher Yes ☒ No ☐

Auto. Wash. Machine Yes ☒ No ☐

Lot Area 20,000sq'

Soil Characteristics _____

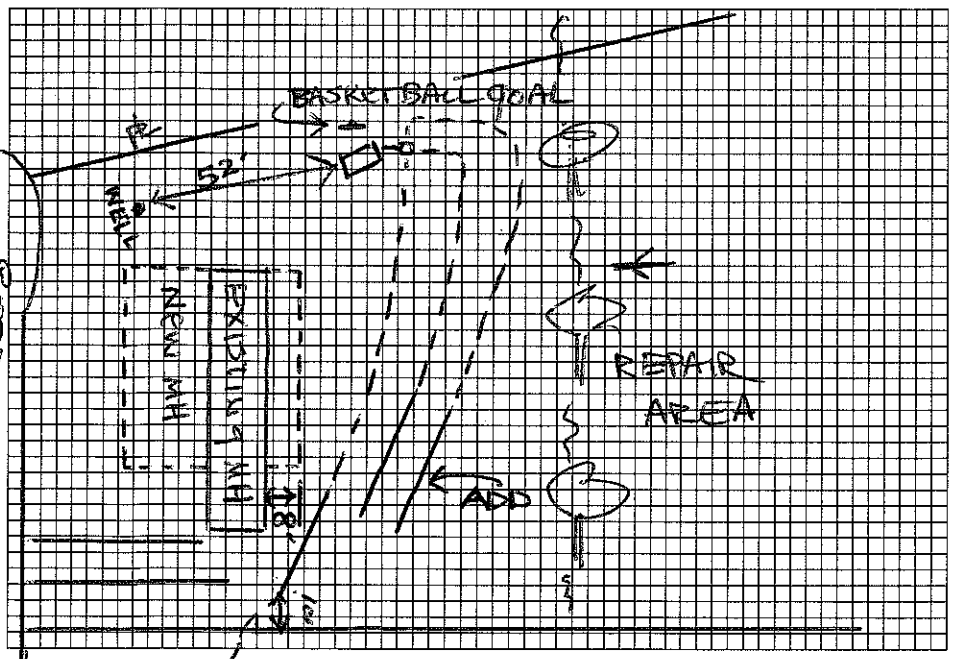
Application Rate 0.3-0.35

Topography _____

Depth to Water Table _____

Rock or other impervious formations _____

_____ Basement with Plumbing _____ Basement without Plumbing _____ No Basement ☑ Crawl Space



Plot of System (Not to Scale)

Size of Tank EXISTING 1000 Gals.

Nitrification Field:

No. of Lines 3

Sq. Ft. 315 Linear Ft. 105

Depth of Stone in Lines 12"

Water Supply: Individual ☑ Public ☐

* 3 LINES OF 80' EACH WERE LOCATED, AND 35' TO END OF EACH

Installed by _____

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

Signed: _____

(IMPROVEMENT PERMIT IS VALID FOR 60 MONTHS FROM DATE OF ISSUE.)

IMPROVEMENT PERMIT BY Wesley Sparks RS Andrea D Lemon, RS

COMMENTS Maintain predetermined ditch depth. Do not install under wet soil conditions. Pump tank.

EMF

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 unapproved changes are made to the site, and/or if any false information is supplied toward securing Improvement Permit.

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