46 76-55-2458

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 Dennis Collins DATE 8-15-86 PERMIT NO. 456

PHONE: Business _____ Home _____

LOCATION 1150 TR 1153 TR into Quail Hill bear Rt @ Stop Sign, stay on left

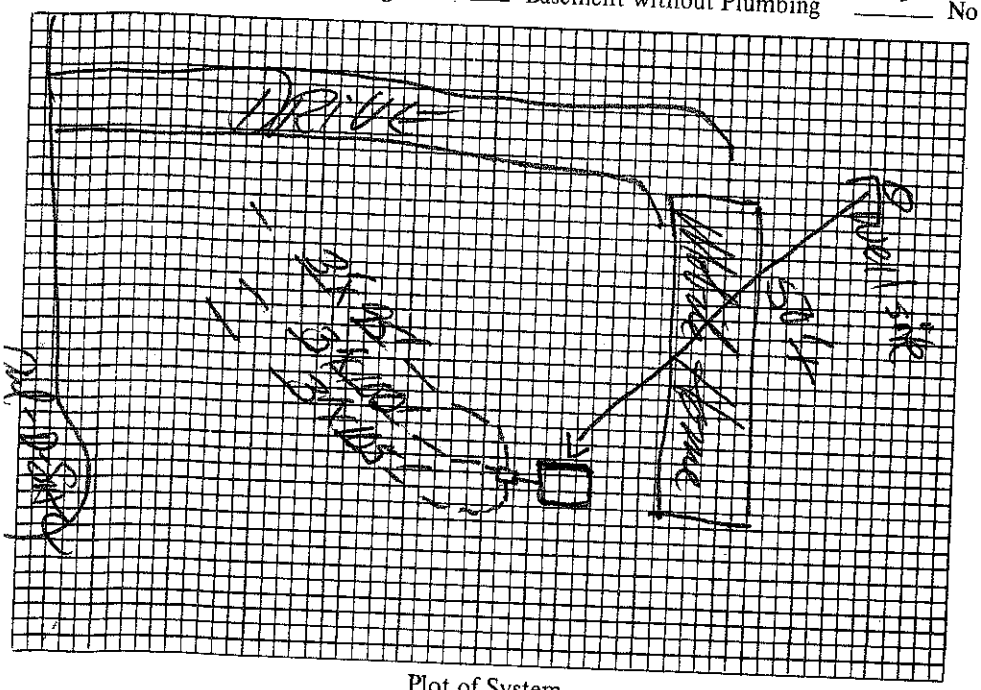
SUBDIVISION NAME Quail Hill LOT NO. 62 SECTION OR BLOCK NO. _____ S. R. No. _____

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

No. Bedrooms 3 No. Bathrooms 2

Garbage Disposal Unit	Yes ( )	No (✓)	Character & Porosity of Soil clay
Auto. Dishwasher	Yes ( )	No (✓)	Percolation Rate 4
Auto. Wash. Machine	Yes (✓)	No ( )	Topography 6-8%
Site Suitable	Yes (✓)	No ( )	Depth to Water Table 4+
Lot Area 2 /AC.			Rock or other impervious formations none obs.

_____ Basement with Plumbing _____ Basement without Plumbing ✓ No Basement



Plot of System

Size of Tank 1200 Gals.

Nitrification Field:
No. of Lines 3
Sq. Ft. 900 Linear Ft. 300
Depth of Stone in Lines 21

Water Supply: Individual (✓)
Public ( )

Installed by Roy Hoffman

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

Signed: _____

IMPROVEMENTS PERMIT BY DR H

COMMENTS: Well not drawn

CERTIFICATE OF COMPLETION BY D R Hinson J R. DATE 8-15-86

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