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 David Quinn Jr. DATE 2-4-86 PERMIT NO. _____

PHONE: Business _____ Home 361

LOCATION Corner of Glenn Eagle West + St Augusta Dr.

S. R. No. _____

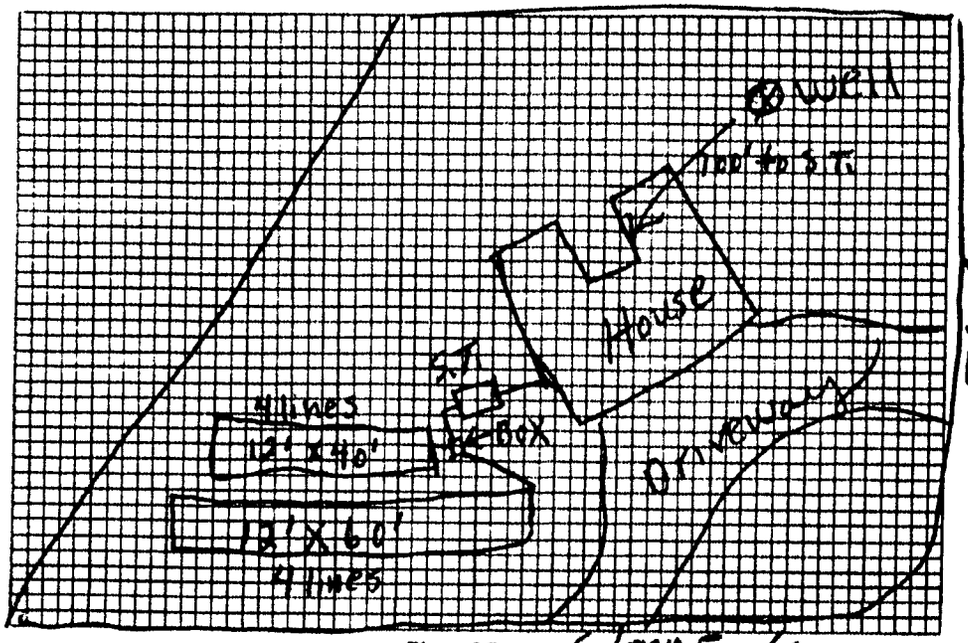
SUBDIVISION NAME Shannon acres LOT NO. 44 SECTION OR BLOCK NO. _____

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

No. Bedrooms 3 No. Bathrooms 2 1/2
Garbage Disposal Unit Yes (✓) No ( )
Auto. Dishwasher Yes (✓) No ( )
Auto. Wash. Machine Yes (✓) No ( )
Site Suitable Yes (✓) No ( )
Lot Area 3/4 acre

Character & Porosity of Soil Clay loam
Percolation Rate .4
Topography 2+0670
Depth to Water Table 10ft
Rock or other impervious formations none

_____ Basement with Plumbing _____ Basement without Plumbing _____ No Basement



Plot of System Glenn Eagle

Size of Tank 1250 Gals.
Nitrification Field:
No. of Lines 8
Sq. Ft. 1200 Linear Ft. 400
Depth of Stone in Lines 21
Water Supply: Individual (✓)
Public ( )

Installed by Paul Frye

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

Signed: _____

IMPROVEMENTS PERMIT BY P. C. moore

COMMENTS: landscape so that surface water will not stand over Septic Tank or Drain lines

CERTIFICATE OF COMPLETION BY P. C. moore DATE 2-4-86

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