IREDELL COUNTY HEALTH DEPARTMENT

(SEPTIC TANK) IMPROVEMENTS PERMIT AND CERTIFICATE OF COMPLETION
(Ground Absorption Sewage Disposal System – G. S. Chapter 130-Article 13C)

4649506699

OWNER OR CONTRACTOR Ned Davis DATE 5/4/88 PERMIT NO.

PHONE: Business Home (704) 333-0933

LOCATION 1206 (Alcove) TR 1108 (Templeton) Bear left on 1181 (Camino Real) ~ 1/4 mile TL at D.D. gate. At end. S. R. No.

SUBDIVISION NAME The Cove LOT NO. 8 SECTION OR BLOCK NO.

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

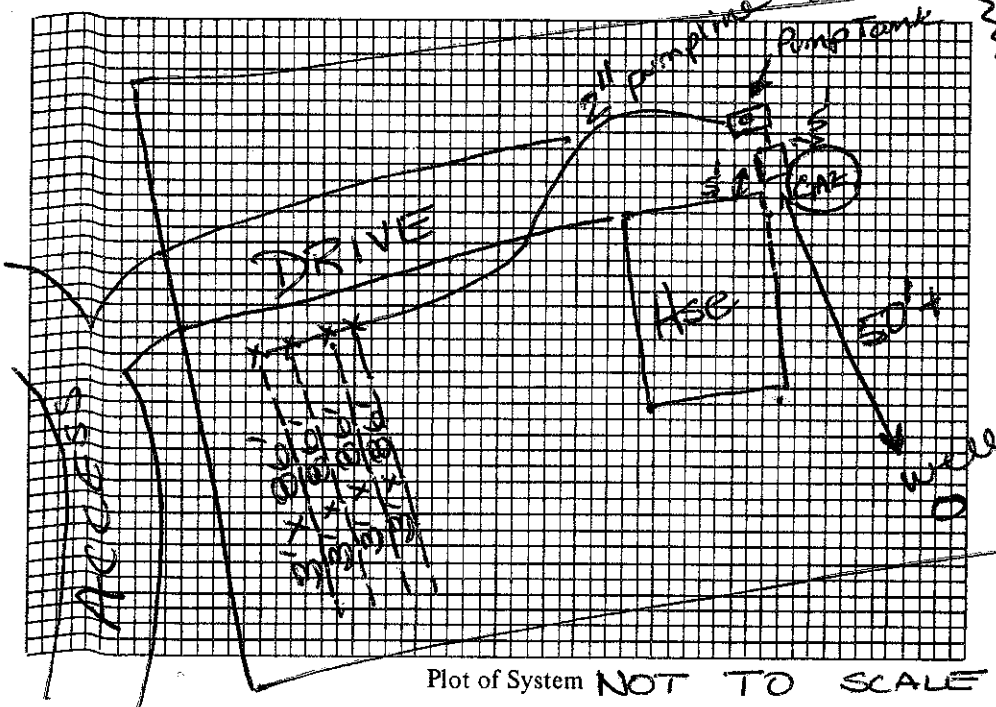
No. Bedrooms 3 No. Bathrooms 2

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

Lot Area 20000 ft²+

Character & Porosity of Soil Clay
Percolation Rate ~.35 gpd / ft²
Topography 2 - 4%
Depth to Water Table 4'+
Rock or other impervious formations none observed.

✓ Basement with Plumbing ____ Basement without Plumbing ____ No Basement 1250 gal Pump Tank



Plot of System NOT TO SCALE

Size of Tank 1250 Gals.
Nitrification Field:
No. of Lines 4
Sq. Ft. 1029 Linear Ft. 343
Depth of Stone in Lines 12"
Water Supply: Individual X
Public ( )
Lake Norman (760')
Installed by Don Shoe (Davidson-Mack. Co.)
I understand and agree to install septic tank system as specified on this Improvements Permit.

Signed:

IMPROVEMENTS PERMIT BY D.R.H., R.S.

COMMENTS: System checked by David Hinson. Andre Pierce cked high water alarm on 5/4/88. OK.

CERTIFICATE OF COMPLETION BY André C Pierce DATE 5/4/88

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

10:15

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 Ned Davis DATE Apr. 7, '87 PERMIT NO. _____

PHONE: Business _____ Home _____

LOCATION 1206 (Alcove) TR 1108 (Templeton) bear left on 1181 (Camino Real) ¼ mile TL at D.D. gate at end S. R. No. _____

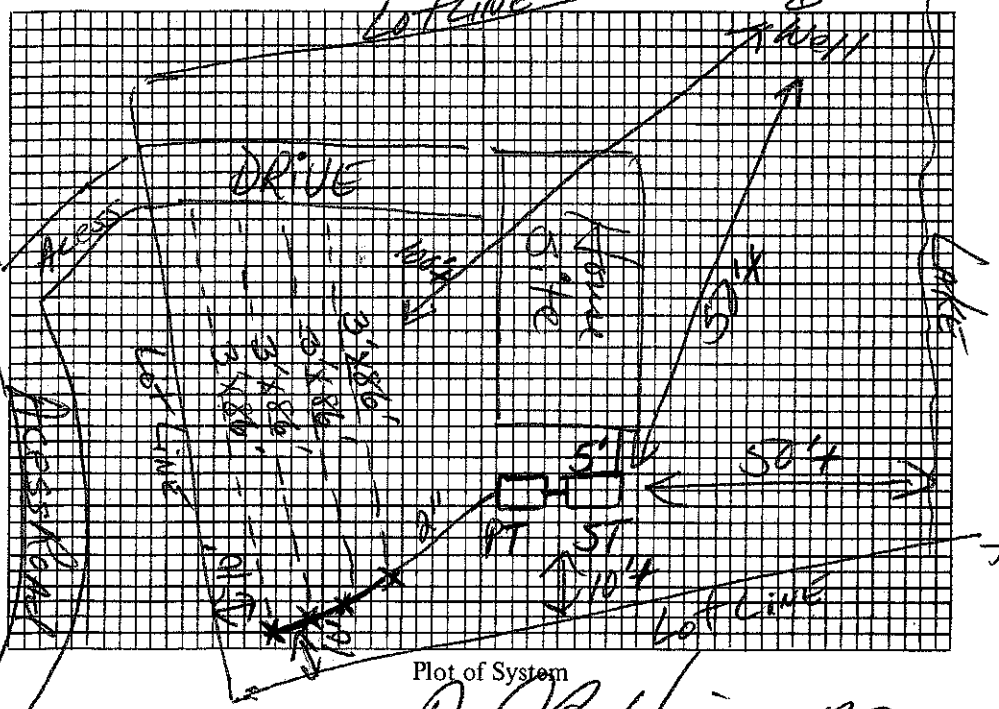
SUBDIVISION NAME The Cove LOT NO. 8 SECTION OR BLOCK NO. _____

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	2 & 35	
Auto. Wash. Machine	Yes (✓)	No ( )	Topography	2 & 10	4 & 4
Site Suitable	Yes (✓)	No ( )	Depth to Water Table	none obs.	
Lot Area 20000 sq. ft.			Rock or other impervious formations		

✓ Basement with Plumbing _____ Basement without Plumbing _____ No Basement



Plot of System

1250 gal. pump tank

Size of Tank 1250 Gals.

Nitrification Field:
No. of Lines 4
Sq. Ft. 1029 Linear Ft. 343
Depth of Stone in Lines 12"

Water Supply: Individual (✓)
Public ( )

Installed by _____

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

✗Signed: _____

IMPROVEMENTS PERMIT BY David R. Hinson, R.S.

COMMENTS: Pump dose conventional field using a ball valve at the head of each ditch w/ 1½" pipe down the center with 2 - 5/32" holes drilled every 5'. Dose under 2" of head. Call Health Dept. before installing to verify instructions.

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