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TIIB

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 Seward Gainey DATE 10-13-86 PERMIT NO. 550

PHONE: Business ________ Home ________

LOCATION 1108 Bear left past Queens Cove onto 1181 past Sundial Tl .8mi on Rt S. R. No. ____

SUBDIVISION NAME The Cove LOT NO. 5 SECTION OR BLOCK NO. ____

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

No. Bedrooms 3 No. Bathrooms 2 1/2

Garbage Disposal Unit	Yes (✓)	No ( )	Character & Porosity of Soil	clay
Auto. Dishwasher	Yes (✓)	No ( )	Percolation Rate	.4
Auto. Wash. Machine	Yes (✓)	No ( )	Topography	2% at drainfield area
Site Suitable	Yes (✓)	No ( )	Depth to Water Table	4'+
			Rock or other impervious formations	none obs.

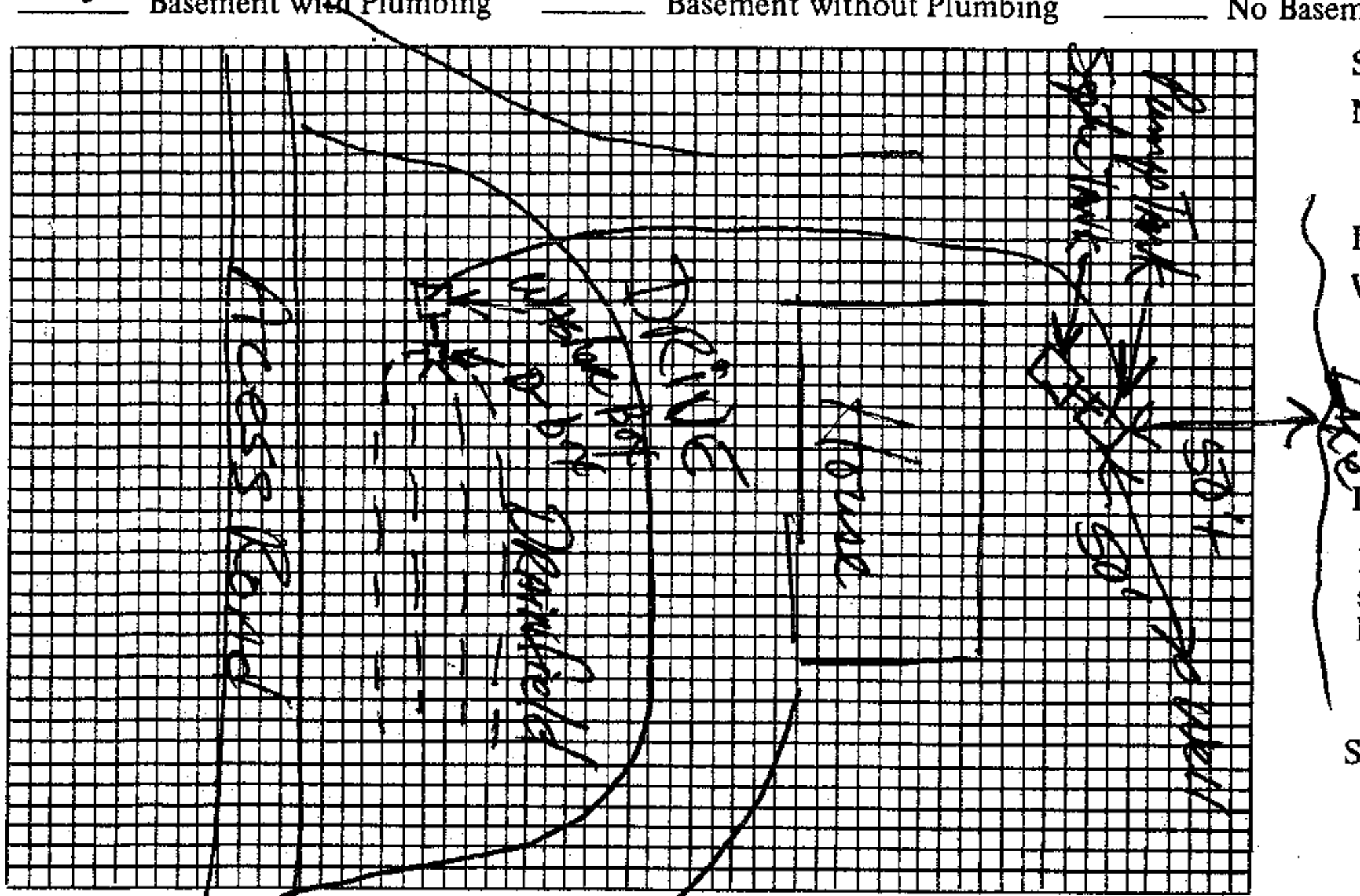
Lot Area 1.3 Ac

✓ Basement with Plumbing ____ Basement without Plumbing ____ No Basement

1000 gal pump tank

Size of Tank 1500 Gals.

Nitrification Field:
No. of Lines 4
Sq. Ft. 900 Linear Ft. 300
Depth of Stone in Lines 12"
Water Supply: Individual (✓)
Public ( )



Plot of System

Installed by AJ Ervin

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

Signed: ________

IMPROVEMENTS PERMIT BY KRS

COMMENTS: ________

CERTIFICATE OF COMPLETION BY David R. Henson, RS DATE 10-13-86

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