IREDELL COUNTY HEALTH DEPARTMENT 4645-16-7819

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

OWNER OR CONTRACTOR DAVID WILBURN DATE AUG 18, 88 PERMIT NO. 21C

PHONE: Business _____ Home 525-7650

LOCATION 21 S X I77 TL Alcove TR Templeton TL Camino Real Pass Queens Cir 2nd on L S. R. No. _____

SUBDIVISION NAME QUEENS COVE LOT NO. 133 SECTION OR BLOCK NO. _____

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

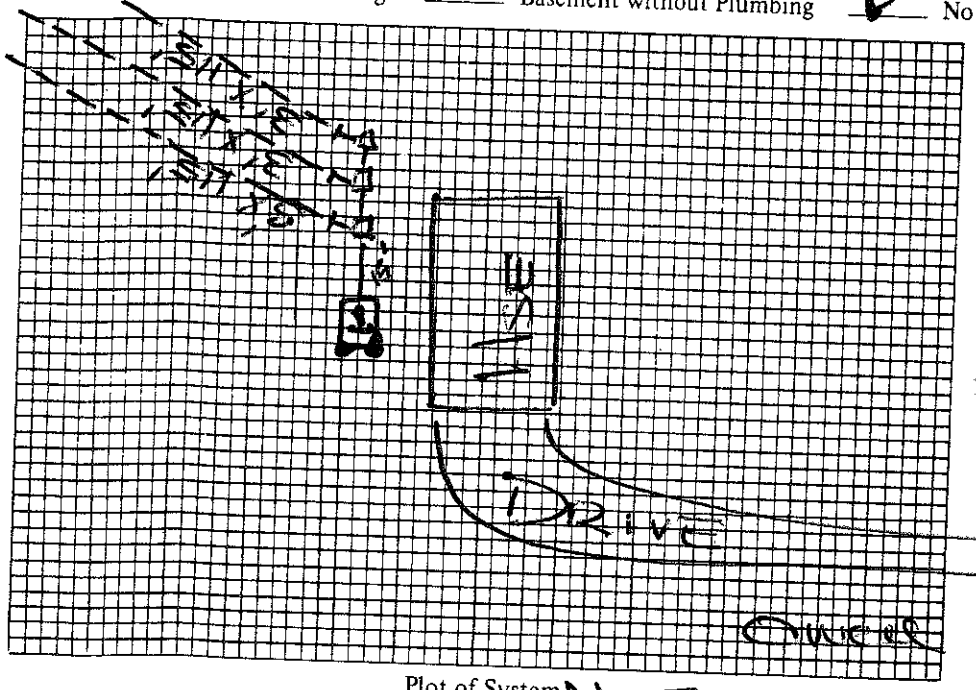
No. Bedrooms 3 No. Bathrooms 2½

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

Character & Porosity of Soil clay
Percolation Rate .35
Topography 40%
Depth to Water Table 4'+
Rock or other impervious formations none obs.

Lot Area 2 ACRES

___ Basement with Plumbing ___ Basement without Plumbing ✓ No Basement



Plot of System NOT TO SCALE

Size of Tank 1250 Gals.
Nitrification Field:
No. of Lines 3
Sq. Ft. 1035 Linear Ft. 345
Depth of Stone in Lines 12"
Water Supply: Individual (✓)
Public ( )

Installed by Mike/FRED LEAZER

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

Signed: _____

IMPROVEMENTS PERMIT BY Andrew C. Price

COMMENTS: _____

CERTIFICATE OF COMPLETION BY Andrew C. Price DATE Aug 18, 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