4645168019

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 Robert Gray DATE 2/22/85 PERMIT NO. 30

PHONE: Business _____ Home 892-3308 (202 Iron Gate Circle)

LOCATION 215, Cross I77, Lf on 1206, Rt 1108, Lf at Tree, 1st Lf into Queens Cove, Rt on Forum Drive, At End S. R. No. _____

SUBDIVISION NAME Queens Cove LOT NO. 125 SECTION OR BLOCK NO. _____

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

No. Bedrooms 3 No. Bathrooms 3

Garbage Disposal Unit Yes (✓) No ( )

Auto. Dishwasher Yes (✓) No ( )

Auto. Wash. Machine Yes (✓) No ( )

Site Suitable Yes (✓) No ( )

Lot Area 1.587 acres

Character & Porosity of Soil cecil clay

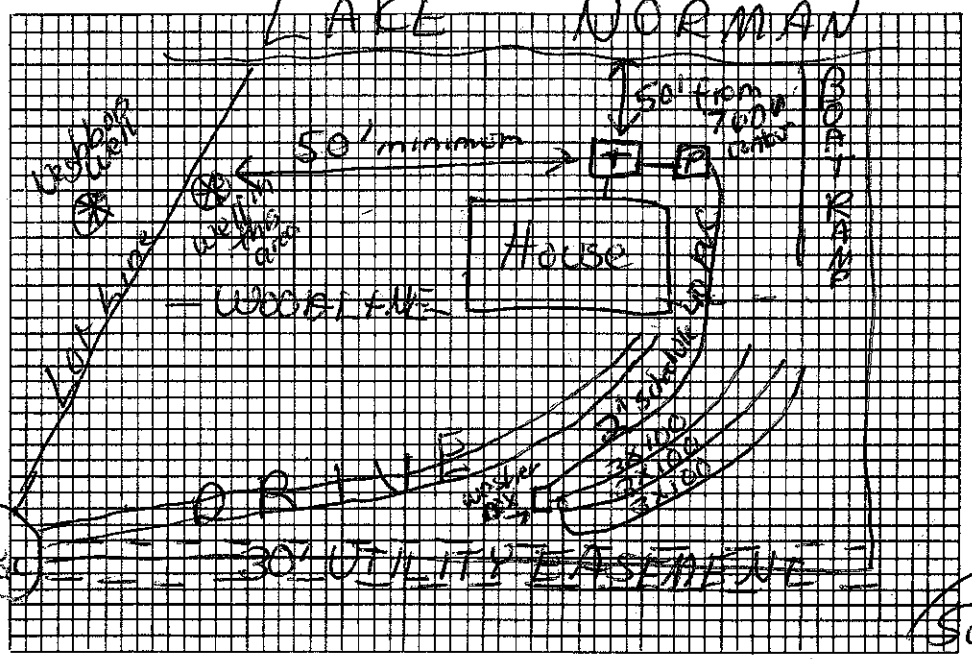
Percolation Rate 4 gal/ft²/day

Topography 2-4% in Field area

Depth to Water Table 4' +

Rock or other impervious formations None Noted

(✓) Basement with Plumbing ( ) Basement without Plumbing ( ) No Basement



Plot of System

Size of Tank 1500 Septic 1000 pump Gals.

Nitrification Field:

No. of Lines 3

Sq. Ft. 900 Linear Ft. 300

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 _____

COMMENTS: Pump Effluent to Washer Box in high Corner of Lot. Keep well 50' minimum from Septic Tanks. Need Riser over pump tank w high water alarm in pumping chamber. 3/25 - ckd tanks and lines Ok

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