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 Dennis Cire DATE 10/23/87 PERMIT NO. _____

PHONE: Business _____ Home _____

LOCATION 1108 (Templeton Rd) Bear left at forks onto 1181 (Cameo Real) TL into Queens Cove. TR on Re S. R. No. _____

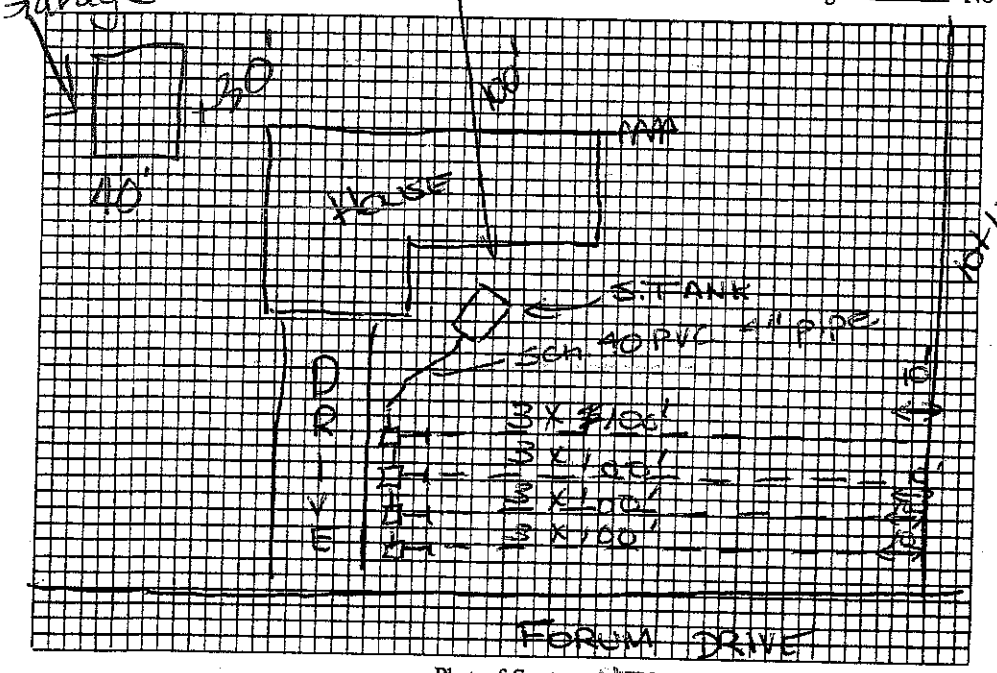
SUBDIVISION NAME QUEEN'S COVE LOT NO. 128 SECTION OR BLOCK NO. _____

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

No. Bedrooms _____ No. Bathrooms _____
Garbage Disposal Unit Yes (✓) No ( )
Auto. Dishwasher Yes (✓) No ( )
Auto. Wash. Machine Yes (✓) No ( )
Site Suitable Yes (✓) No ( )
Lot Area ~1.5 ACRE

Character & Porosity of Soil Clayey
Percolation Rate .4
Topography 2-4%
Depth to Water Table 4'+
Rock or other impervious formations none observed

___ Basement with Plumbing ___ Basement without Plumbing ✓ No Basement



Plot of System N.T.S.

Size of Tank 1500 Gals.
Nitrification Field:
No. of Lines 4
Sq. Ft. 1200 Linear Ft. 400
Depth of Stone in Lines 12"
Water Supply: Individual (✓)
Public ( )

Installed by Wayne Orbison

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

Signed: _____

IMPROVEMENTS PERMIT BY DRH (RS)

COMMENTS: _____

CERTIFICATE OF COMPLETION BY Andrea C. Queen DATE 10/23/87

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