IREDELL COUNTY HEALTH DEPARTMENT 4645-24-9938

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

OWNER OR CONTRACTOR Bill Peterson DATE 3/14/84 PERMIT NO. 57

PHONE: Business _____ Home _____

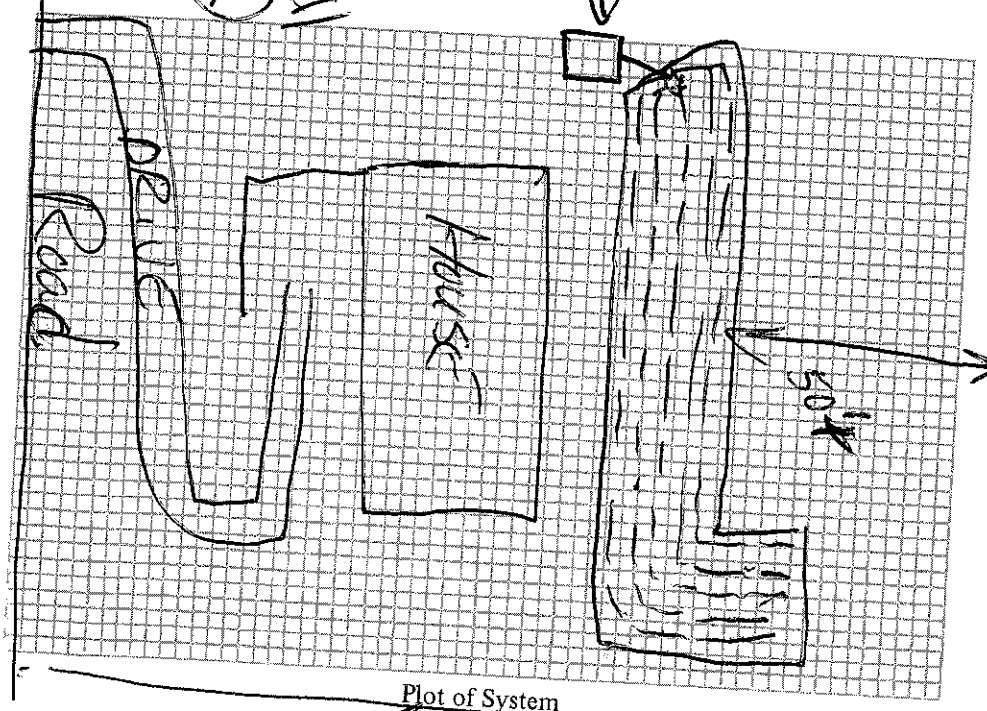
LOCATION 1108 TL Queens Cove BR at forks on left on H2O

SUBDIVISION NAME Queen's Cove LOT NO. 21 SECTION OR BLOCK NO. 1 S. R. No. _____

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

No. Bedrooms 3 No. Bathrooms 3

Garbage Disposal Unit	Yes (X)	No ( )	Character & Porosity of Soil Clay loam
Auto. Dishwasher	Yes (X)	No ( )	Percolation Rate 0.5 gal/ft²
Auto. Wash. Machine	Yes (X)	No ( )	Topography 2 to 4%
Site Suitable	Yes (X)	No ( )	Depth to Water Table _____
Lot Area ~29,000 sq ft (+)			Rock or other impervious formations None observed



Plot of System

Size of Tank 1500 Gals.

Nitrification Field:
No. of Lines 4
Sq. Ft. 1080 Linear Ft. 360'
Depth of Stone in Lines 12"

Water Supply: Individual (X)
Public ( )

Installed by Chuck Meyer

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

Signed: _____

IMPROVEMENTS PERMIT BY Fred Clemmer

COMMENTS: Keep system shallow About 1.0' to 1.5' ON left, pipe off roof & drains

CERTIFICATE OF COMPLETION BY Fred Clemmer DATE 3/14/84

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