10188

IREDELL COUNTY HEALTH DEPARTMENT

(SEPTIC TANK) IMPROVEMENTS PERMIT AND CERTIFICATE OF COMPLETION

(Ground Absorption Sewage Disposal System -- G. S. Chapter 130-Article 13C)

4645-25-2120

OWNER OR CONTRACTOR Robert O. Wilson DATE 7/11/89 PERMIT NO.

PHONE: Business _____ Home 663-7245

LOCATION 215 S. TL Alcove (after Xing I-77) TR Templeton TL Harwell TR Queens Road

SUBDIVISION NAME Queens Cove S. R. No. _____

LOT NO. 103 SECTION OR BLOCK NO. 3

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

No. Bedrooms 4 No. Bathrooms 3

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

Lot Area _____

Character & Porosity of Soil existing system

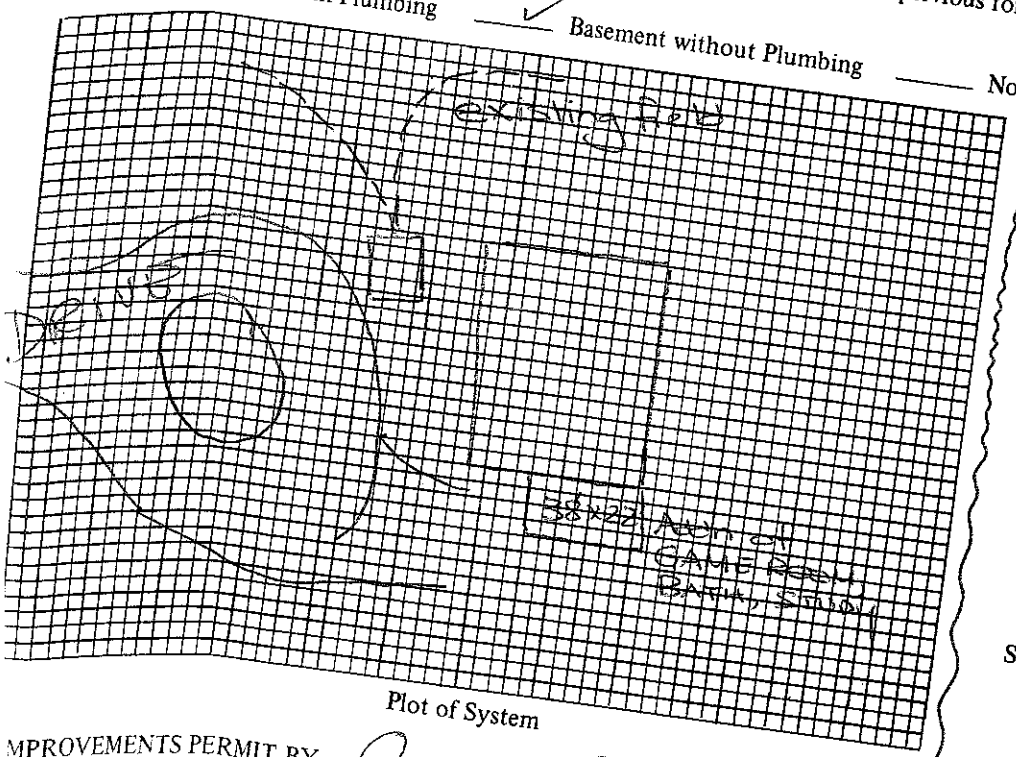
Percolation Rate _____

Topography _____

Depth to Water Table _____

Rock or other impervious formations _____

_____ Basement with Plumbing ✓ Basement without Plumbing _____ No Basement



Plot of System

Size of Tank existing Gals.

Nitrification Field:

No. of Lines existing

Sq. Ft. _____ Linear Ft.

Depth of Stone in Lines _____

Water Supply: Individual (✓)

Public ( )

LAKE NORMAN

Installed by _____

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

Signed: _____

IMPROVEMENTS PERMIT BY Andrew C. Queen, R.S.

COMMENTS: Drainfield is too deep to probe. Probed field in only one place. No sign of leaking drainfield at date of this inspection. No change in effluent flow for septic service.

CERTIFICATE OF COMPLETION BY _____ DATE _____

EXISTING SYSTEM CHECKED BY: Andrew C. Queen, R.S. DATE July 11, 89

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