IREDELL COUNTY HEALTH DEPARTMENT 4645-25-3444 B:80

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

Wm Rhoades owner

OWNER OR CONTRACTOR Custom Kitchens, Inc. DATE 7-11-80 PERMIT NO. 206

PHONE: Business _____ Home _____

LOCATION 1206 S, TR 1108 TR Queens Cove ~ 1/2 mile on left on water, S. R. No. _____

SUBDIVISION NAME Queens Cove LOT NO. 105 SECTION OR BLOCK NO. III

House (X) Mobile Home ( ) Business ( ) Other 1000 gal Settling tank

No. Bedrooms 3 No. Bathrooms 2½

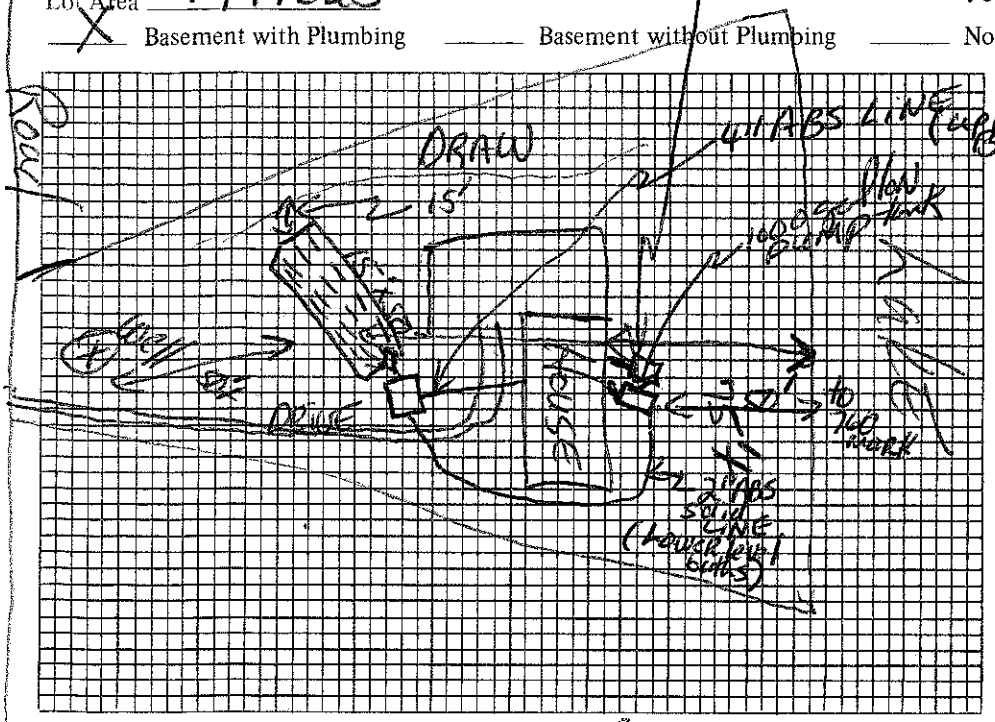
Garbage Disposal Unit Yes ( ) No (X)
Auto. Dishwasher Yes (X) No ( )
Auto. Wash. Machine Yes (X) No ( )
Site Suitable Yes (X) No ( )

Character & Porosity of Soil Clay loam
Percolation Rate 80 MPI
Topography 2-10
Depth to Water Table 4+
Rock or other impervious formations NONE observed

Lot Area .79 Acres

X Basement with Plumbing ____ Basement without Plumbing ____ No Basement

1000 gallon settling tank 2 - 1000 gallon pump tank



Plot of System

Size of Tank 1500 Gals.
Nitrification Field:
No. of Lines 5
Sq. Ft. 750 Linear Ft. 250
Depth of Stone in Lines 16"
Water Supply: Individual (X)
Public ( )

Installed by _____

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

Signed: _____

IMPROVEMENTS PERMIT BY Fred Clemmer

COMMENTS: Use good quality pump effluent to Septic Tank - Maintain 15' from gully with Nitification Lines Maintain At least 50' from pump tank to Septic tank to 760 Elevation

CERTIFICATE OF COMPLETION BY _____ DATE _____

EXISTING SYSTEM CHECKED BY: _____ DATE _____

CONSTRUCTION MUST COMPLY WITH ALL OTHER APPLICABLE STATE AND LOCAL REGULATIONS.

ermit is VOID if any unauthorized changes are made in installation of system and/or if any false information is supplied in making nprovements Permit.

Health Dept. Copy: White Inspection Dept. Copy: Yellow Sanitarian's Copy: Pink Owner's Copy: Gold