IREDELL COUNTY HEALTH DEPARTMENT

4645-25-3981

(SEPTIC TANK) IMPROVEMENTS PERMIT AND CERTIFICATE OF COMPLETION

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

OWNER OR CONTRACTOR J. O. Ulmer DATE 6-30-83 PERMIT NO. 223

PHONE: Business _____ Home _____

LOCATION 1108

SUBDIVISION NAME Queens Cove S. R. No. _____

LOT NO. 189 SECTION OR BLOCK NO. III

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

No. Bedrooms 3 No. Bathrooms 2

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

Lot Area 20000 ft²+

Character & Porosity of Soil Clay loam

Percolation Rate .5-.6 Approx

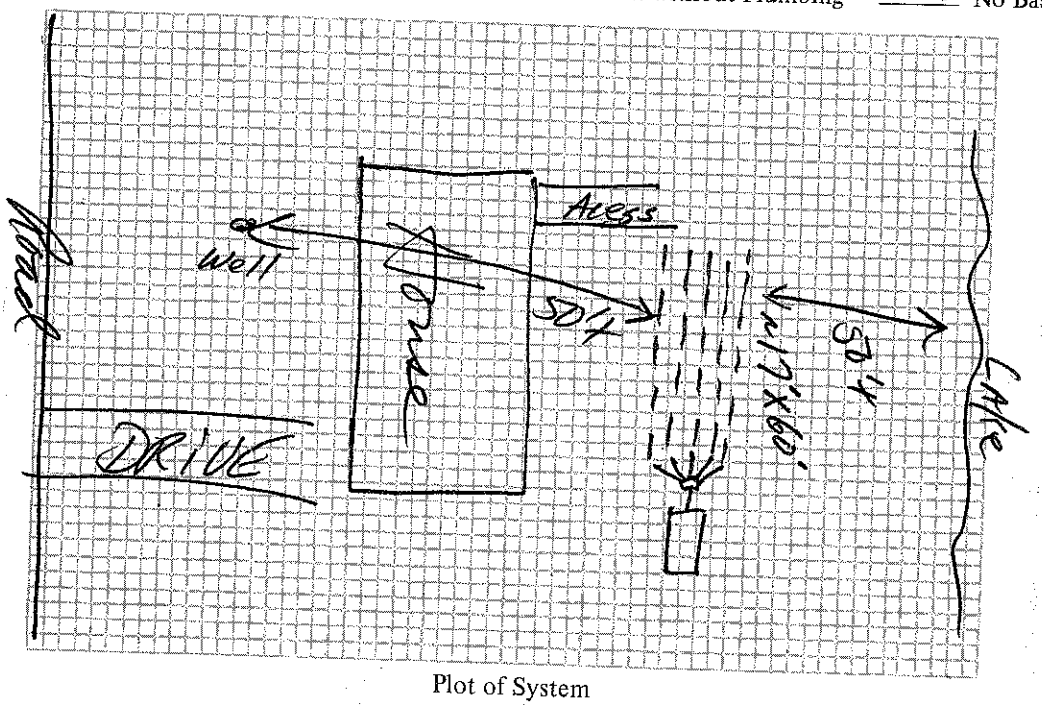
Topography Rolling

Depth to Water Table 44

Rock or other impervious formations None Obs.

Partial Basement

_____ Basement with Plumbing _____ Basement without Plumbing _____ No Basement



Plot of System

Size of Tank 1000 Gals.

Nitrification Field:

No. of Lines 5

Sq. Ft. ~1020 Linear Ft. ~340

Depth of Stone in Lines 12"+

Water Supply: Individual (✓)

Public ( )

Installed by J. Ulmer

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

Signed: _____

IMPROVEMENTS PERMIT BY FHC

COMMENTS: Unable to get length necessary due to retaining wall to basement access. Ditch widened to compensate as much as possible

CERTIFICATE OF COMPLETION BY David R. Henson DATE 6-30-83

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