IREDELL COUNTY HEALTH DEPARTMENT

4645-25-5028

IMPROVEMENT PERMIT AND CERTIFICATE OF COMPLETION / OPERATIONS PERMIT

OWNER OR CONTRACTOR Juan Kladt DATE May 18, '93 PERMIT NO. _____

PHONE: Business _____ Home _____

LOCATION 101 Queens Circle

SUBDIVISION NAME Queens Cove S.R. No. _____

LOT NO. 101 SECTION OR BLOCK NO. 3

House ☑ Mobile Home ☐ Business ☐ Other _____ Type 4 Repair

No. Bedrooms 4 No. Bathrooms 3½

Garbage Disposal Unit Yes ☑ No ☐

Auto. Dishwasher Yes ☑ No ☐

Auto. Wash. Machine Yes ☑ No ☐

Lot Area Existing

Soil Characteristics psolay

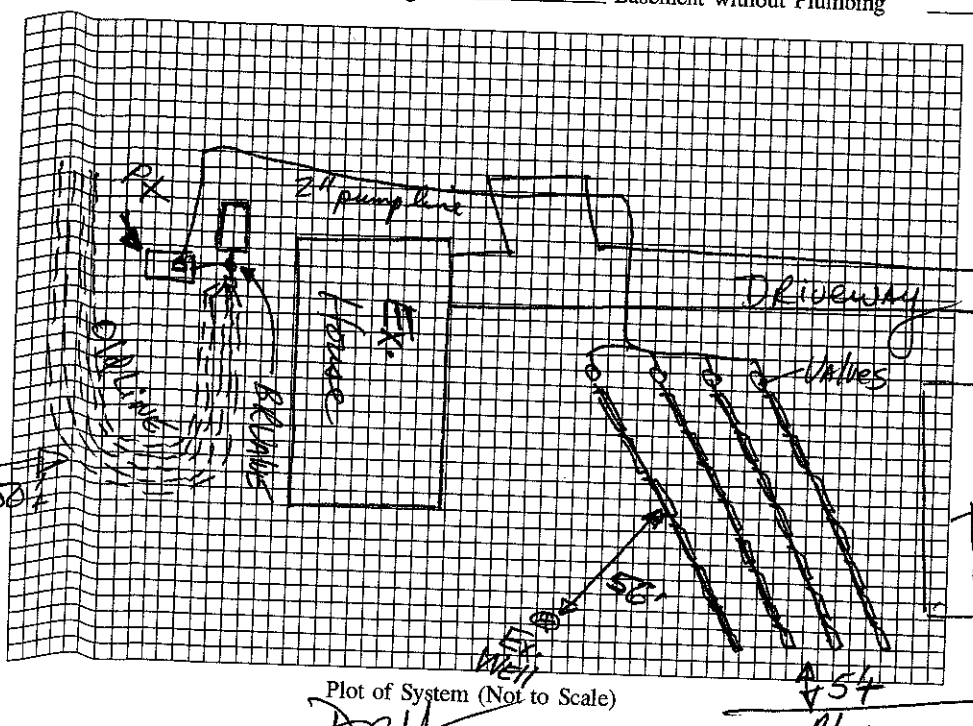
Application Rate 1.3 gpd/ft²/day

Topography 2%

Depth to Water Table > 4'

Rock or other impervious formations NONE obs.

_____ Basement with Plumbing _____ Basement without Plumbing _____ No Basement ✓ Crawl Space



Plot of System (Not to Scale)

Size of Tank Ex. ST / 1500 Pt Gals.

Nitrification Field:

No. of Lines 4

Sq. Ft. _____ Linear Ft. 270 of 16" PVC PS

Depth of Stone in Lines _____

Water Supply: Individual ☑ pressure dosed

Public ☐

Installed by Walter Barton

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

Signed: _____

(~~IMPROVEMENT~~ PERMIT IS VALID FOR 60 MONTHS FROM DATE OF ISSUE.)

IMPROVEMENT PERMIT BY _____

COMMENTS _____

Operation permit

CERTIFICATE OF COMPLETION BY _____ DATE 5/18/93

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 unapproved changes are made to the site, and/or if any false information is supplied toward securing Improvement Permit.

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