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IREDELL COUNTY HEALTH DEPARTMENT

4645-25-6037

IMPROVEMENT PERMIT AND CERTIFICATE OF COMPLETION / OPERATIONS PERMIT

OWNER OR CONTRACTOR Daniel Cleary DATE July 16, '92 PERMIT NO. 24-11-A-24

PHONE: Business _____ Home _____

LOCATION 1108 (Templeton Rd.) TL Queen's Circle (Bear right at lake) ~1/8 mile on left

S.R. No. _____

SUBDIVISION NAME Queen's Cove LOT NO. 24 SECTION OR BLOCK NO. _____

House ☑ Mobile Home ☐ Business ☐ Other _____

No. Bedrooms 4 No. Bathrooms 4

Garbage Disposal Unit Yes ☑ No ☐

Auto. Dishwasher Yes ☑ No ☐

Auto. Wash. Machine Yes ☐ No ☐

Lot Area ~100' X 250' (Existing)

Soil Characteristics ps clay

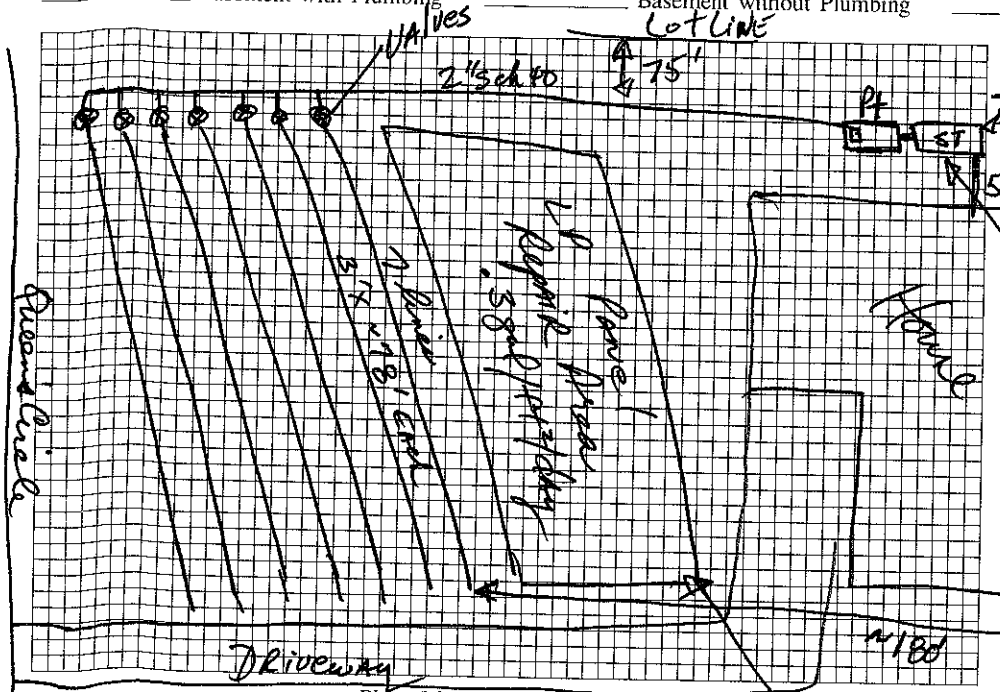
Application Rate .3

Topography 4%

Depth to Water Table 74'

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 1500 / 1500 Gals.

Nitrification Field:

No. of Lines 7

Sq. Ft. 1620 Linear Ft. 540

Depth of Stone in Lines 12"

Water Supply: Individual ☑ Public ☐

Installed by J R Bowles

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 DRH

COMMENTS _____

Neighbor's well

The proposed / existing DECK addition does not appear to impact the existing septic system.

**NOTE: EXISTING DECK

Date: 5-17-11 REHS

ICHD-Environmental Health Division

Operation permit

CERTIFICATE OF COMPLETION BY DR Hinson, RS DATE 7/16/92

EXISTING SYSTEM CHECKED BY _____ DATE _____

CONSTRUCTION MUST COMPLY WITH ALL OTHER APPL. ...E 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