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IREDELL COUNTY HEALTH DEPARTMENT

IMPROVEMENT PERMIT AND CERTIFICATE OF COMPLETION / OPERATIONS PERMIT

OWNER OR CONTRACTOR Daniel Cleary DATE March 2, '92 PERMIT NO. 2H-11-A-24

PHONE: Business _____ Home _____

LOCATION 1108 (Templeton Rd.) TL Queens Circle (Bear right at lake) on left

S.R. No. _____

SUBDIVISION NAME Queens 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'

Soil Characteristics ps clay

Application Rate .3

Topography ~ 4%

Depth to Water Table 44

Rock or other impervious formations none obs.

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

Size of Tank 1500 / 1500 Gals.

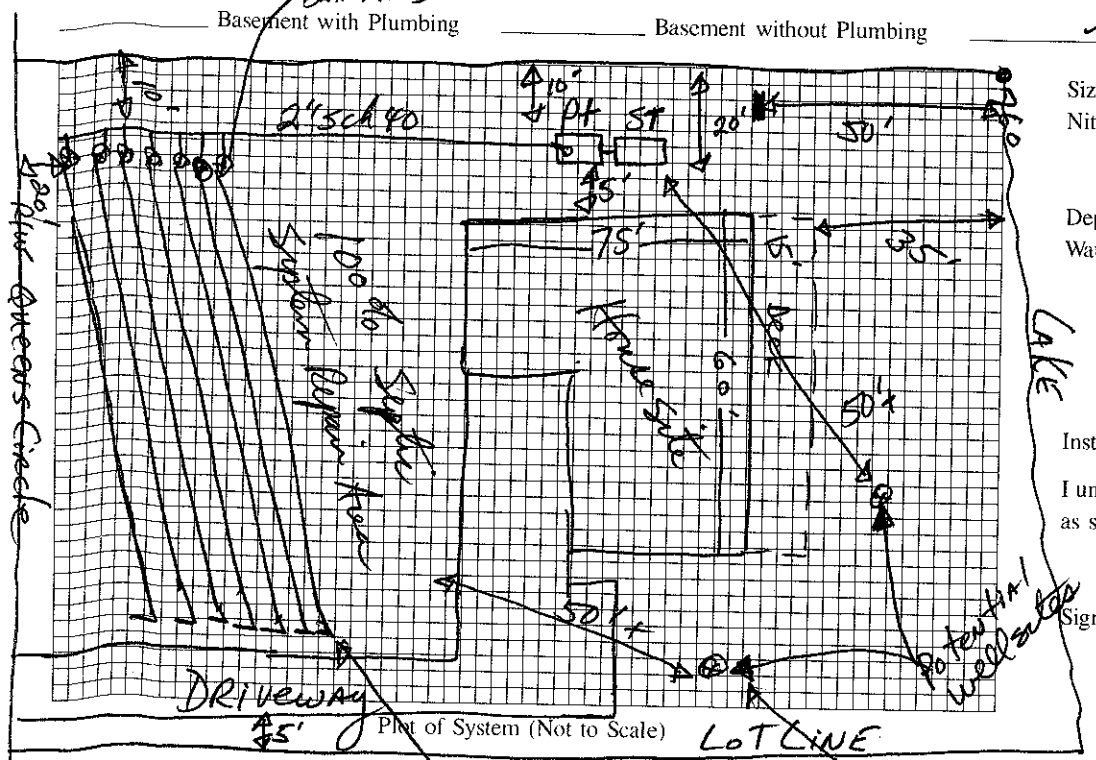
Nitrification Field:

No. of Lines 7

Sq. Ft. 1620 Linear Ft. 540

Depth of Stone in Lines 12"

Water Supply: Individual ☑ Public ☐



Plot of System (Not to Scale)

Installed by _____

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 DR Hinson, RS.

COMMENTS

Pump specs: 45 gal/min at approx. 22' head

36" max trench depth. Follow contour

1½" Sch 40 laterals with one 5/32" hole every 5 feet.

2' pressure head.

CERTIFICATE OF COMPLETION BY _____ DATE _____

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.

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