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IREDELL COUNTY HEALTH DEPARTMENT

4645-25-8612

(SEPTIC TANK) IMPROVEMENTS PERMIT AND CERTIFICATE OF COMPLETION

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

OWNER OR CONTRACTOR Elak B. Williams DATE 9/15/89 PERMIT NO. 2H-11-C-26

PHONE: Business _____ Home 892-6112

LOCATION 21 S. X I77 TL Alcove TL Templeton TR at end ~ 1/4 mile on R.

SUBDIVISION NAME Queens Cove LOT NO. 26 SECTION OR BLOCK NO. 3 S. R. No. _____

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

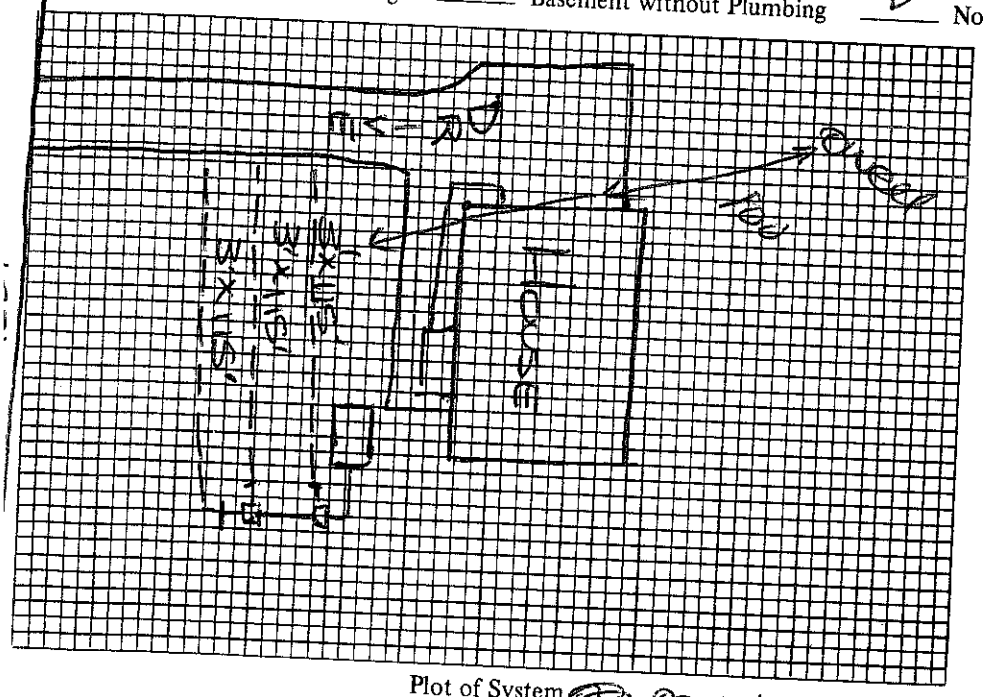
No. Bedrooms 3 No. Bathrooms 3

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

Lot Area 2½ ACRES

Character & Porosity of Soil Clay
Percolation Rate 35 gpd/sq ft/2
Topography BJ 890
Depth to Water Table 4'+
Rock or other impervious formations none observed

_____ Basement with Plumbing _____ Basement without Plumbing ✓ No Basement



Plot of System (Not to Scale)

Size of Tank 1250 Gals.
Nitrification Field:
No. of Lines 3
Sq. Ft. 1035 Linear Ft. 345
Depth of Stone in Lines 12"
Water Supply: Individual ( )
Public (✓)

Installed by Julian Bowles

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

Signed: _____

IMPROVEMENTS PERMIT BY Andre C. Pierce, R.S.

COMMENTS: _____

CERTIFICATE OF COMPLETION BY Andre C. Pierce, R.S. DATE 9/15/89

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