13138 II

IREDELL COUNTY HEALTH DEPARTMENT

4645 25 8852

IMPROVEMENT PERMIT AND CERTIFICATE OF COMPLETION / OPERATIONS PERMIT

OWNER OR CONTRACTOR John Bula DATE 2/5/92 PERMIT NO. 2H-11-C-25

PHONE: Business _____ Home 888-6268

LOCATION Queens Cove 1st entrance TL, follow road past lake to first house on (R) past lakeview lots

SUBDIVISION NAME Queens Cove S.R. No. _____

LOT NO. 25 SECTION OR BLOCK NO. 3

House ☑ Mobile Home ☐ Business ☐ Other _____

No. Bedrooms 4 No. Bathrooms 2

Garbage Disposal Unit Yes ☑ No ☐

Auto. Dishwasher Yes ☑ No ☐

Auto. Wash. Machine Yes ☑ No ☐

Lot Area 20,000 FT2

Soil Characteristics B 51C (5F-5P)

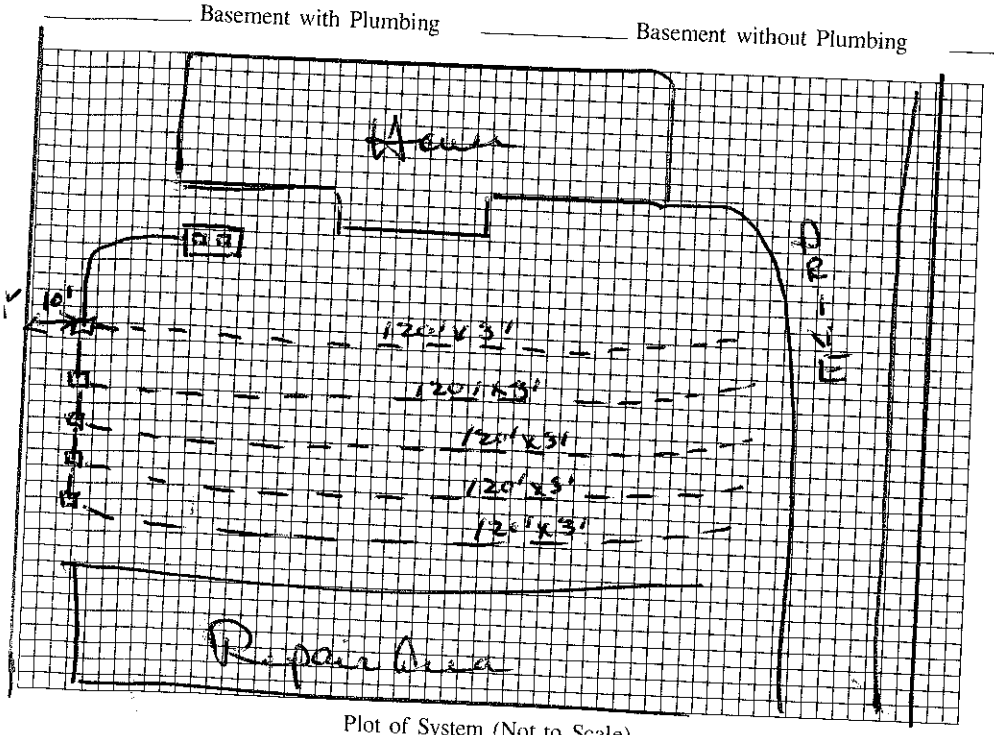
Application Rate e 3

Topography 20%

Depth to Water Table > 48"

Rock or other impervious formations None obsvd

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



Plot of System (Not to Scale)

Queens Rd.

Size of Tank 1500 Gals.

Nitrification Field:

No. of Lines 5 @ 120' x 3'

Sq. Ft. 1800 Linear Ft. 600

Depth of Stone in Lines 12"

Water Supply: Individual ☑ 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 _____

CERTIFICATE OF COMPLETION BY Wesley Sparks R.S.

EXISTING SYSTEM CHECKED BY _____ DATE 2/5/92

CONSTRUCTION MUST COMPLY WITH ALL OTHER APPLICABLE STATE AND LOCAL REGULATIONS DATE _____

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