4615-25-9333

[redacted]

IREDELL COUNTY HEALTH DEPARTMENT

12576

(SEPTIC TANK) IMPROVEMENTS PERMIT AND CERTIFICATE OF COMPLETION

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

OWNER OR CONTRACTOR Jay + Patricia Butler DATE 9/18/91 PERMIT NO. 2H-11-A-28

PHONE: Business _____ Home 892-9145

LOCATION Queens Cove – Queen Dr.

SUBDIVISION NAME Queens Cove LOT NO. 28 S. R. No. _____ SECTION OR BLOCK NO. 3

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

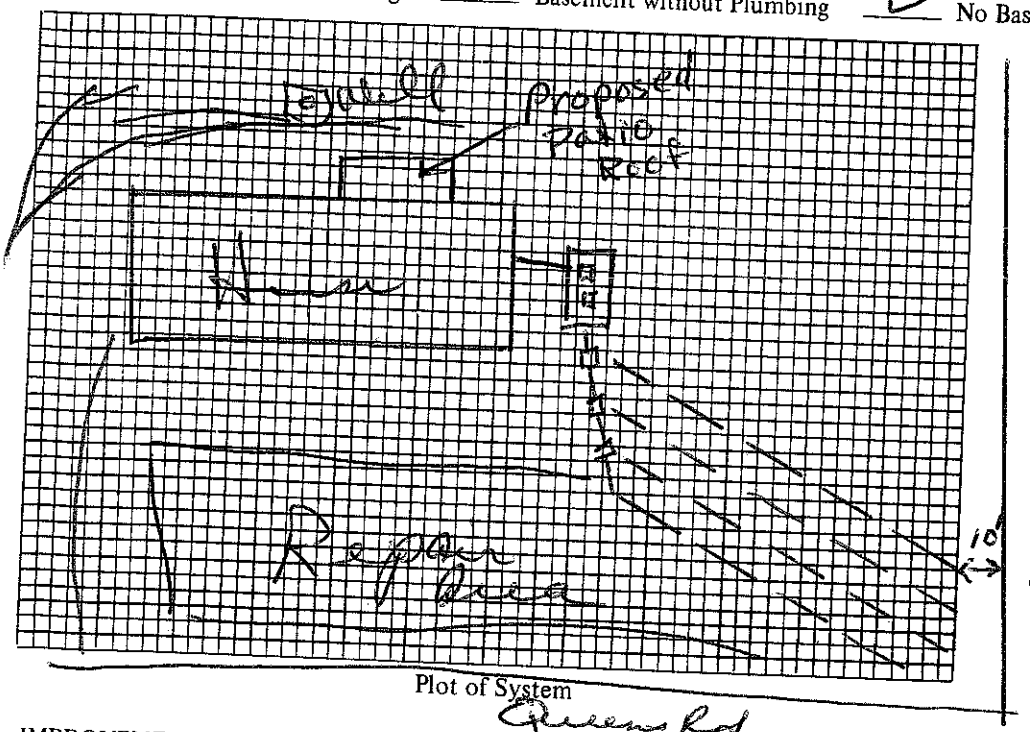
No. Bedrooms 4 No. Bathrooms 3

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

Lot Area 2 AC

Character & Porosity of Soil C – SS – sl P
Percolation Rate 4
Topography 2-3%
Depth to Water Table > 48"
Rock or other impervious formations No

_____ Basement with Plumbing _____ Basement without Plumbing ✓ No Basement



Plot of System

Size of Tank 1250 Gals.

Nitrification Field:
No. of Lines 4@100'x3'
Sq. Ft. 1200 Linear Ft. 400
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 _____

COMMENTS: _____

The proposed / ~~existing~~ Patio Roof addition does not appear to impact the existing septic system.
**NOTE: Min. 25' from well

Judy Mulvelle R.S.
Date: 7-31-12
ICHD-Environmental Health Division

CERTIFICATE OF COMPLETION BY Wesley Sparks R.S. DATE 9/18/91

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