4645-26-0870

IREDELL COUNTY HEALTH DEPARTMENT

(SEPTIC TANK) IMPROVEMENTS PERMIT AND CERTIFICATE OF COMPLETION
(Ground Absorption Sewage Disposal System – G. S. Chapter 130-Article 13C)

OWNER OR CONTRACTOR Norris Riddle DATE 6-15-84 PERMIT NO. 188

PHONE: Business _____ Home _____

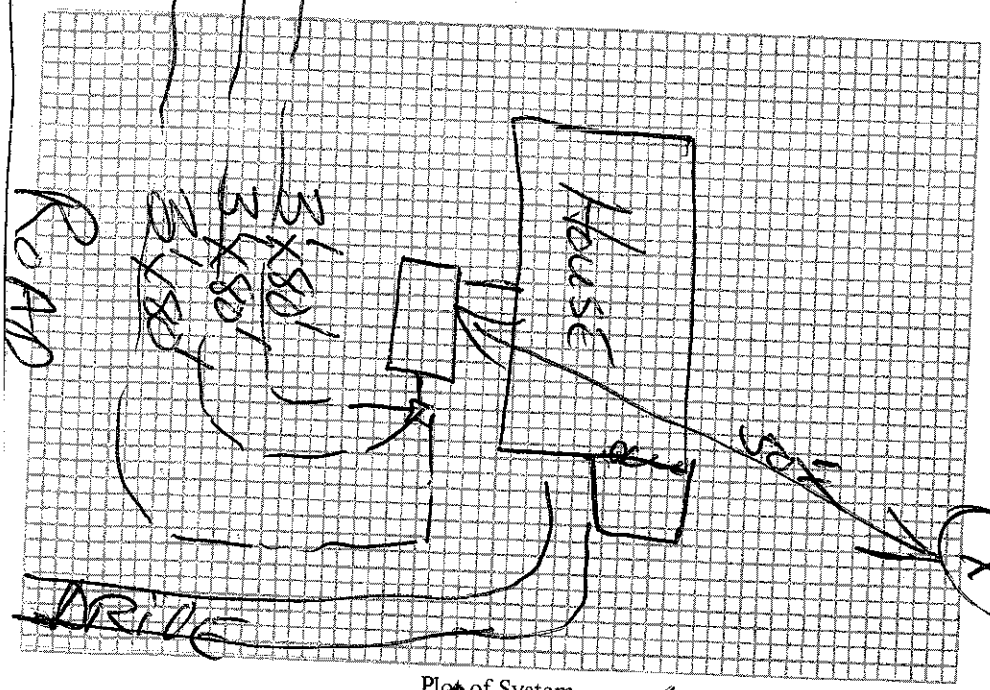
LOCATION 1108 Bear left at Oak tree R 2nd Entrance to Queens Cove, R 1st St. Lot on R

SUBDIVISION NAME Queens Cove LOT NO. 129 SECTION OR BLOCK NO. 35 S. R. No. _____

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

No. Bedrooms 3 No. Bathrooms 3

Garbage Disposal Unit	Yes (X)	No ( )	Character & Porosity of Soil	Clay/gravel
Auto. Dishwasher	Yes (X)	No ( )	Percolation Rate	0.5 gal/sq ft/day
Auto. Wash. Machine	Yes (X)	No ( )	Topography	10-15% Lft
Site Suitable	Yes (X)	No ( )	Depth to Water Table	
Lot Area 20,000 Ft2			Rock or other impervious formations	None obs.



Plot of System

Size of Tank 1500 Gals.

Nitrification Field:
No. of Lines 3
Sq. Ft. 720 Linear Ft. 240
Depth of Stone in Lines 12"

Water Supply: Individual (X) Public ( )

Installed by T. J. Erwin

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

Signed: _____

IMPROVEMENTS PERMIT BY D R Hinson

COMMENTS: _____

CERTIFICATE OF COMPLETION BY Fred Clemmer DATE 6-15-84

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