IREDELL COUNTY HEALTH DEPARTMENT 4645-26-0870

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

OWNER OR CONTRACTOR Morris 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 S. R. No. _____

LOT NO. 129 SECTION OR BLOCK NO. 3C

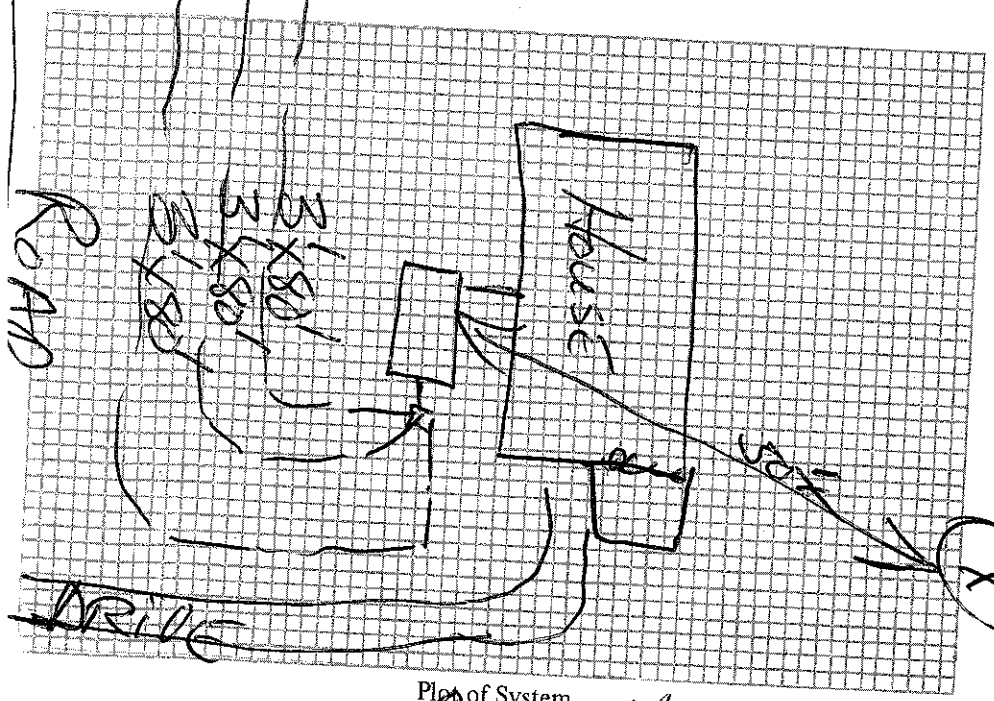
House (X) Mobile Home ( ) Business ( ) Other _____

No. Bedrooms 3 No. Bathrooms 3

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

Lot Area 20,000 Ft2

Character & Porosity of Soil Clay loam
Percolation Rate 0.5 gal/ft2/day
Topography 10-15% Lft
Depth to Water Table _____
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 F. 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 _____

EXISTING SYSTEM CHECKED BY: Fred Clemmer DATE 6-15-84

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