IREDELL COUNTY HEALTH DEPARTMENT 4645-26-1316

12177 (SEPTIC TANK) IMPROVEMENTS PERMIT AND CERTIFICATE OF COMPLETION
(Ground Absorption Sewage Disposal System -- G. S. Chapter 130-Article 13C)

OWNER OR CONTRACTOR Charles Helms DATE 12/27/91 PERMIT NO. 2H-11-C-122

PHONE: Business _____ Home 541-3111

LOCATION Queens Cove - Forum Dr., El Camino off Templeton, TL on Queens Dr, TR on to Forum to 3rd house from end on (L) S. R. No. _____

SUBDIVISION NAME Queens Cove LOT NO. 122 SECTION OR BLOCK NO. 3

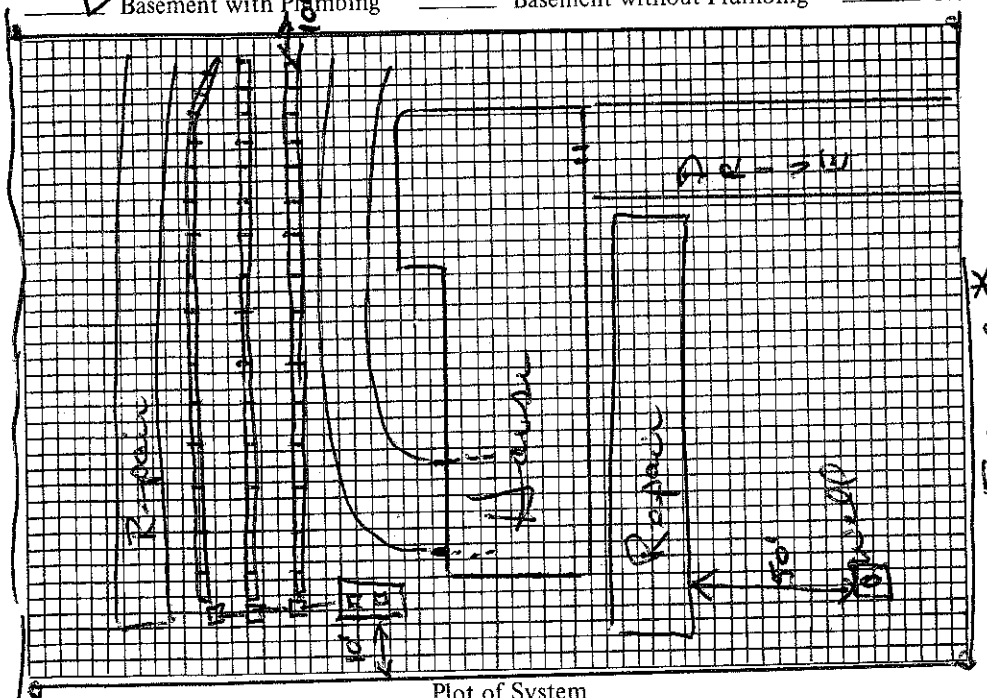
House (✓) Mobile Home ( ) Business ( ) Other _____

No. Bedrooms 4 No. Bathrooms 2
Garbage Disposal Unit Yes (✓) No ( )
Auto. Dishwasher Yes (✓) No ( )
Auto. Wash. Machine Yes (✓) No ( )
Site Suitable Yes (✓) No ( )

Character & Porosity of Soil P - C - Sic (f, ss)
Percolation Rate 3
Topography 2%
Depth to Water Table >48"
Rock or other impervious formations None found

Lot Area 29,000 FT²

✓ Basement with Plumbing ____ Basement without Plumbing ____ No Basement



Plot of System

Size of Tank 1250 Gals.
Nitrification Field:
No. of Lines 3 @ 90' X 2'
Sq. Ft. _____ Linear Ft. 270 *
Depth of ~~Stone~~ 34" IDS Lines 6" UNDER
Water Supply: Individual (✓)
Public ( )

* 16" Prefabricated Permeable Panel Block
Installed by Bob Mayhew

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

Signed: _____

IMPROVEMENTS PERMIT BY AWS

COMMENTS: Repair will have to be pump-panel due to minimum amount of space left after back area was excavated for construction

CERTIFICATE OF COMPLETION BY Wesley Sparks R.S. DATE 12/27/91

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