IREDELL COUNTY HEALTH DEPARTMENT

4645-26-525

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

OWNER OR CONTRACTOR Paul Buckle

PHONE: Business _____ Home _____ DATE Nov. 2, '87 PERMIT NO. _____

LOCATION 1108 N 1st entrance into Queens Cove Bear Ck. at water ~ 1/8-1/4 mile on left

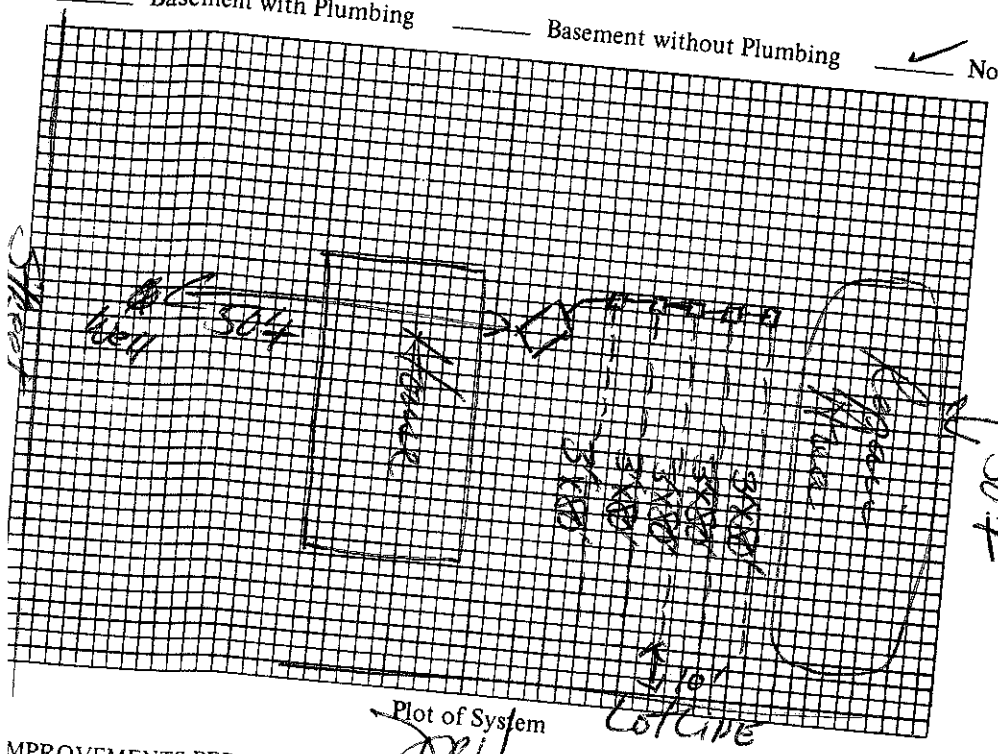
SUBDIVISION NAME Queens Cove LOT NO. 112 S. R. No. _____ SECTION OR BLOCK NO. 3

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

No. Bedrooms 4 No. Bathrooms 3½

Garbage Disposal Unit	Yes (✓)	No ( )	Character & Porosity of Soil clay
Auto. Dishwasher	Yes (✓)	No ( )	Percolation Rate ~ 4
Auto. Wash. Machine	Yes (✓)	No ( )	Topography Level
Site Suitable	Yes (✓)	No ( )	Depth to Water Table 4ft
Lot Area ~ 3/4 Ac			Rock or other impervious formations none obs.

_____ Basement with Plumbing _____ Basement without Plumbing ✓ No Basement



Plot of System

Size of Tank 1500 Gals.

Nitrification Field:
No. of Lines 5
Sq. Ft. 200 Linear Ft. 400
Depth of Stone in Lines 12"

Water Supply: Individual (✓) Public ( )

Installed by T J Green

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

Signed: _____

IMPROVEMENTS PERMIT BY DR

COMMENTS: _____

CERTIFICATE OF COMPLETION BY _____ DATE _____

EXISTING SYSTEM CHECKED BY: _____ DATE Nov 2 87

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