10162 4645-34-4960

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: Engelbert Lattwein DATE: 7/6/89 ~~PERMIT NO.~~ 21C

PHONE: Business ______ Home: 846-2448

LOCATION: 21 S. TL Alcove TR Templeton TL at Queens Cove (Howell) TR Queens 4th on left S. R. No. ______

SUBDIVISION NAME: Queen's Cove LOT NO. 15 SECTION OR BLOCK NO. 4

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

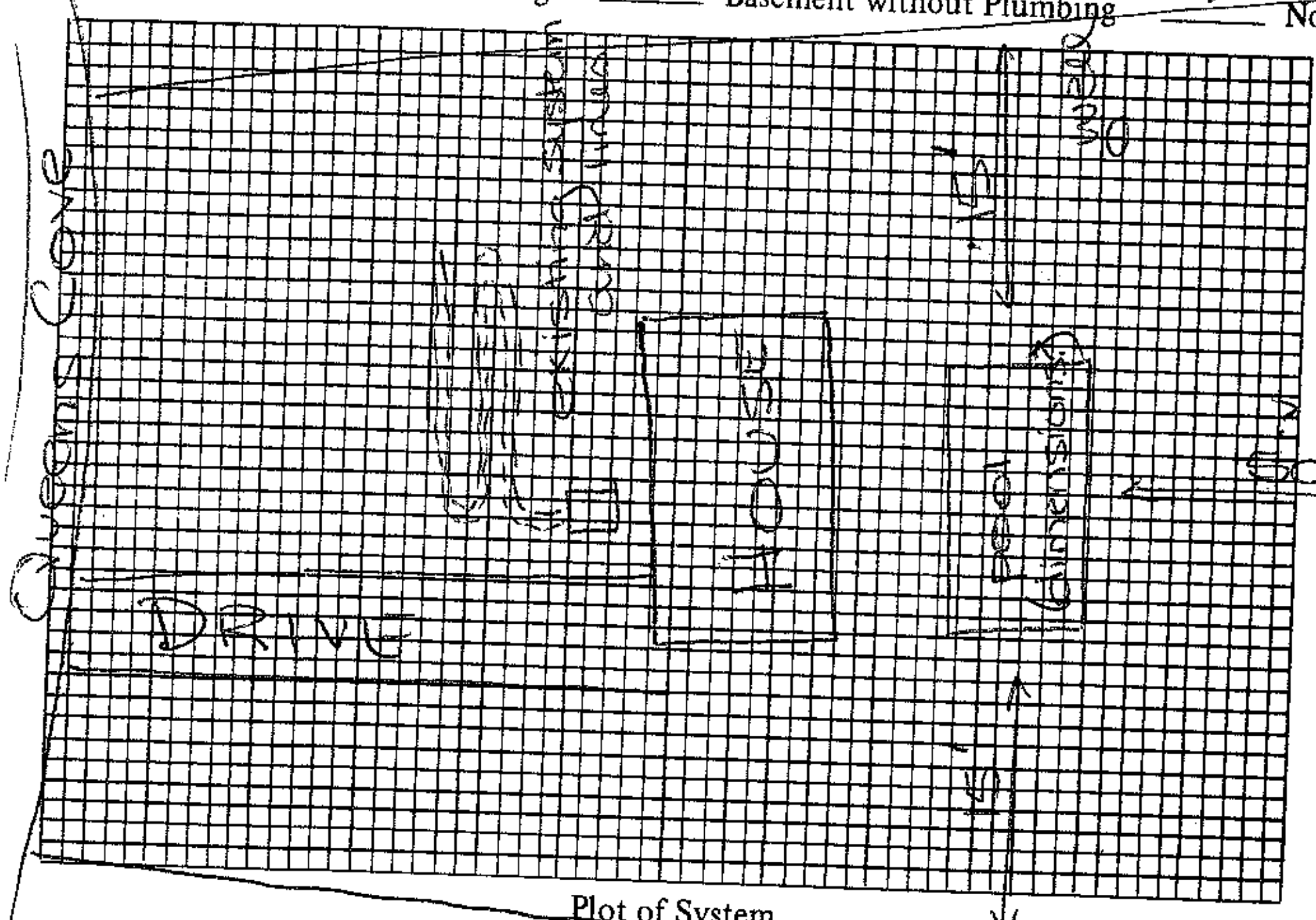
No. Bedrooms: 3 No. Bathrooms: 2

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

Lot Area ______

Character & Porosity of Soil: existing
Percolation Rate ______
Topography ______
Depth to Water Table ______
Rock or other impervious formations ______

______ Basement with Plumbing ______ Basement without Plumbing ✓ No Basement



Plot of System

Size of Tank: existing Gals.
Nitrification Field:
No. of Lines: existing
Sq. Ft. ______ Linear Ft. ______
Depth of Stone in Lines ______
Water Supply: Individual (✓)
Public ( )

Installed by ______

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

Signed: ______

IMPROVEMENTS PERMIT BY ______

COMMENTS: No sign of malfunctioning sewage system at this inspection

neighbors well

CERTIFICATE OF COMPLETION BY ______ DATE ______

EXISTING SYSTEM CHECKED BY: Andre C Pierce, R.S. 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