4645-34-5943

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 Mickie Caldwell DATE 10-21-86 PERMIT NO. 539

PHONE: Business _____ Home _____

LOCATION 1206 TR 1108 Tr 1st entrance into Queens Cove bear Rt 200' on left S. R. No. _____

SUBDIVISION NAME Queens Cove LOT NO. 14 SECTION OR BLOCK NO. 1

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

No. Bedrooms 3 No. Bathrooms 2½

Garbage Disposal Unit Yes (✓) No ( )

Auto. Dishwasher Yes (✓) No ( )

Auto. Wash. Machine Yes (✓) No ( )

Site Suitable Yes (✓) No ( )

Lot Area .81 AC

Character & Porosity of Soil Clay

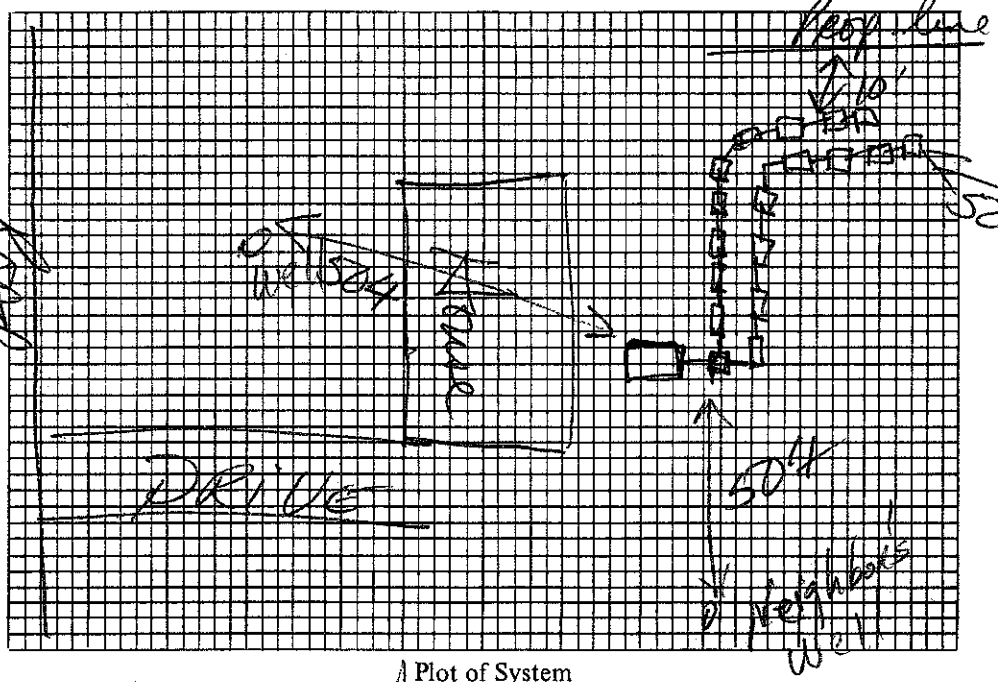
Percolation Rate 2 1/4 08

Topography 4/4

Depth to Water Table _____

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 2
Sq. Ft. _____ Linear Ft. 150 of 4 ft
Depth of Stone in Lines _____

Water Supply: Individual (✓) Public ( ). panels

Installed by Osborne

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

Signed: _____

IMPROVEMENTS PERMIT BY J C Moore

COMMENTS: _____

CERTIFICATE OF COMPLETION BY D R Hinson, REHS DATE 10-21-86

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