IREDELL COUNTY HEALTH DEPARTMENT 4645353721

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

OWNER OR CONTRACTOR Bob Bowen DATE Feb. 8, 80 PERMIT NO. 19

PHONE: Business _____ Home _____

LOCATION 1206 TR on 1108

SUBDIVISION NAME Queens Cove LOT NO. 31 S. R. No. _____ SECTION OR BLOCK NO. 2

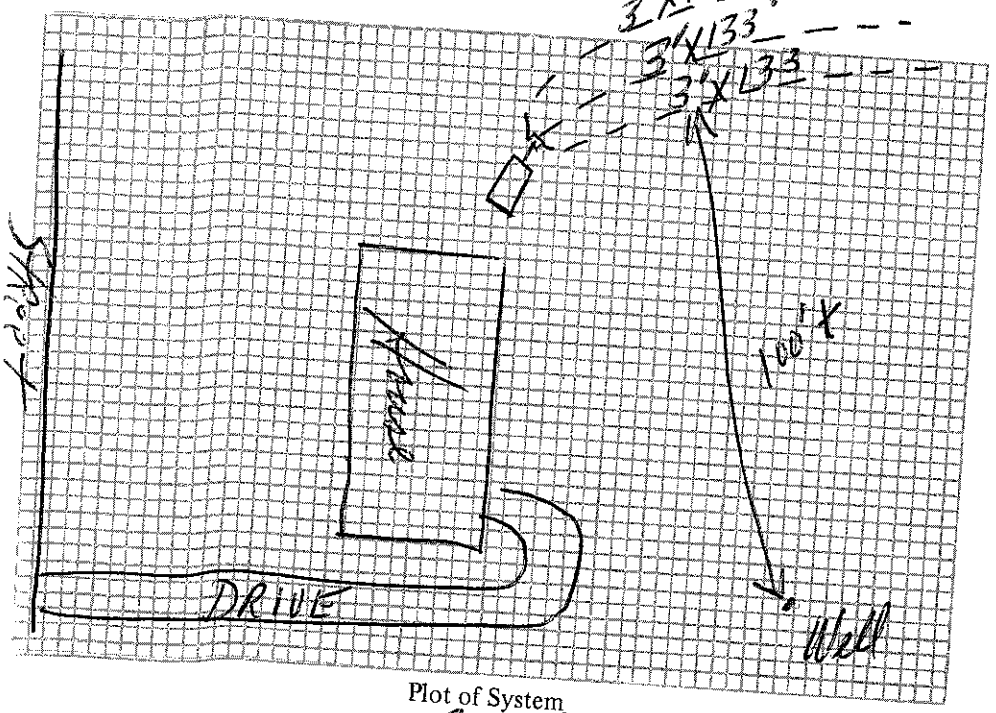
House ( ) Mobile Home ( ) Business ( ) Other _____

No. Bedrooms 4 No. Bathrooms 3

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

Lot Area 2 ½ AC

Character & Porosity of Soil Sdy. Clay loam
Percolation Rate 80 min per
Topography 2-4%
Depth to Water Table unk.
Rock or other impervious formations none obs.



Plot of System

Size of Tank 1500 Gals.
Nitrification Field:
No. of Lines 3
Sq. Ft. 1000 Linear Ft. 333
Depth of Stone in Lines 16"
Water Supply: Individual ( )
Public ( )

Installed by J. J. Evans

IMPROVEMENTS PERMIT BY DRH

COMMENTS: _____

CERTIFICATE OF COMPLETION BY David R. Hinson DATE 2-8-80

CONSTRUCTION MUST COMPLY WITH ALL OTHER APPLICABLE STATE AND LOCAL REGULATIONS.

Health Dept. Copy: White Inspection Dept. Copy: Yellow Sanitarian's Copy: Pink Owner's Copy: Gold