IREDELL COUNTY HEALTH DEPARTMENT 4645-35-6123

(SEPTIC TANK) IMPROVEMENTS PERMIT AND CERTIFICATE OF COMPLETION

(Ground Absorption Sewage Disposal System -- G. S. Chapter 130-Article 13C)

OWNER OR CONTRACTOR Doug Sellee

PHONE: Business _____ Home _____ DATE 6-5-87 PERMIT NO. _____

LOCATION 206 (Alcove) TR 1108 (Templeton) TL 1st entrance into Queens Cove Bear Rt at split 1st house on left S. R. No. _____

SUBDIVISION NAME Queens Cove LOT NO. 42 SECTION OR BLOCK NO. 1

House ✓ Mobile Home ( ) Business ( ) Other _____

No. Bedrooms 3 No. Bathrooms 2-3

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

Lot Area 20000 sq ft

Character & Porosity of Soil clay

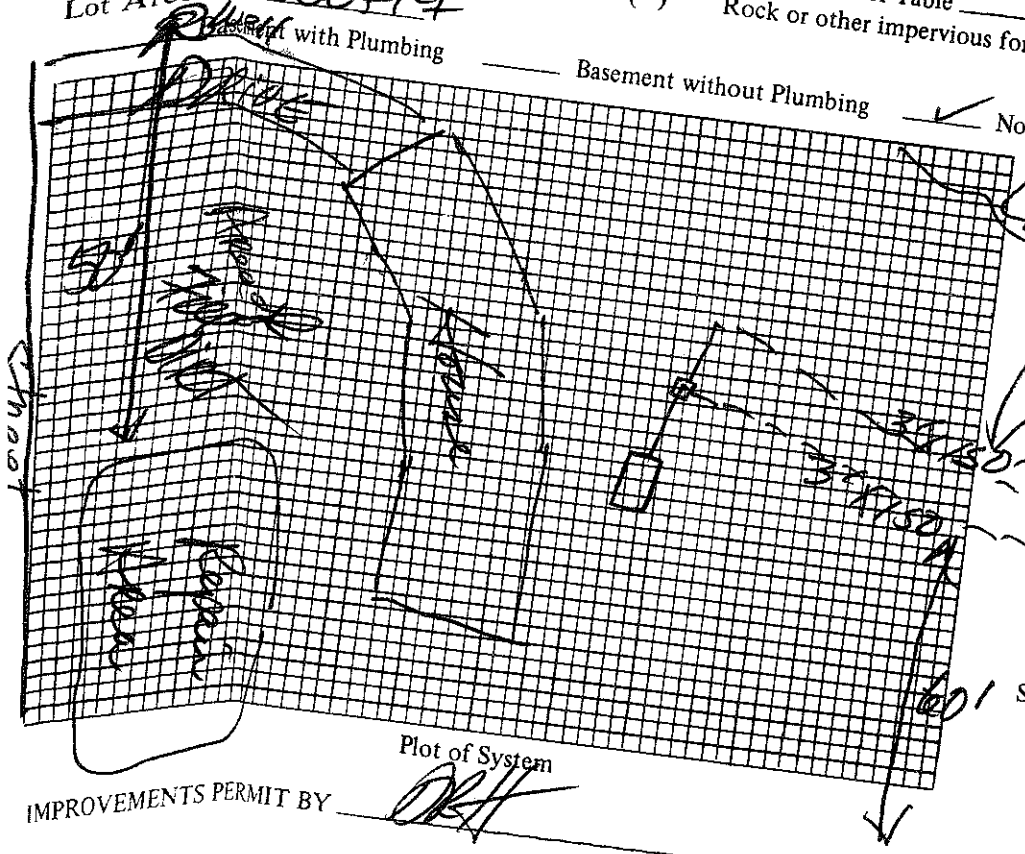
Percolation Rate 3-4

Topography 2%

Depth to Water Table 4ft

Rock or other impervious formations none obs.

Basement with Plumbing _____ Basement without Plumbing _____ No Basement ✓



Size of Tank 1500 Gals.

Nitrification Field: AEE

No. of Lines 2

Sq. Ft. 900 Linear Ft. 300

Depth of Stone in Lines 12"

Water Supply: Individual (✓) SDH

Public ( )

Installed by Wilfred Bridges

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

Signed: _____

IMPROVEMENTS PERMIT BY OK

COMMENTS: Neighbors well

CERTIFICATE OF COMPLETION BY David R. Hinson, R.S. DATE 6-5-87

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