IREDELL COUNTY HEALTH DEPARTMENT 4645-35-7350

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

387

OWNER OR CONTRACTOR John Winters DATE 12-21-82 PERMIT NO. _____

PHONE: Business _____ Home _____

LOCATION 108

SUBDIVISION NAME Queens Cove S. R. No. _____

LOT NO. 10 SECTION OR BLOCK NO. 1

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

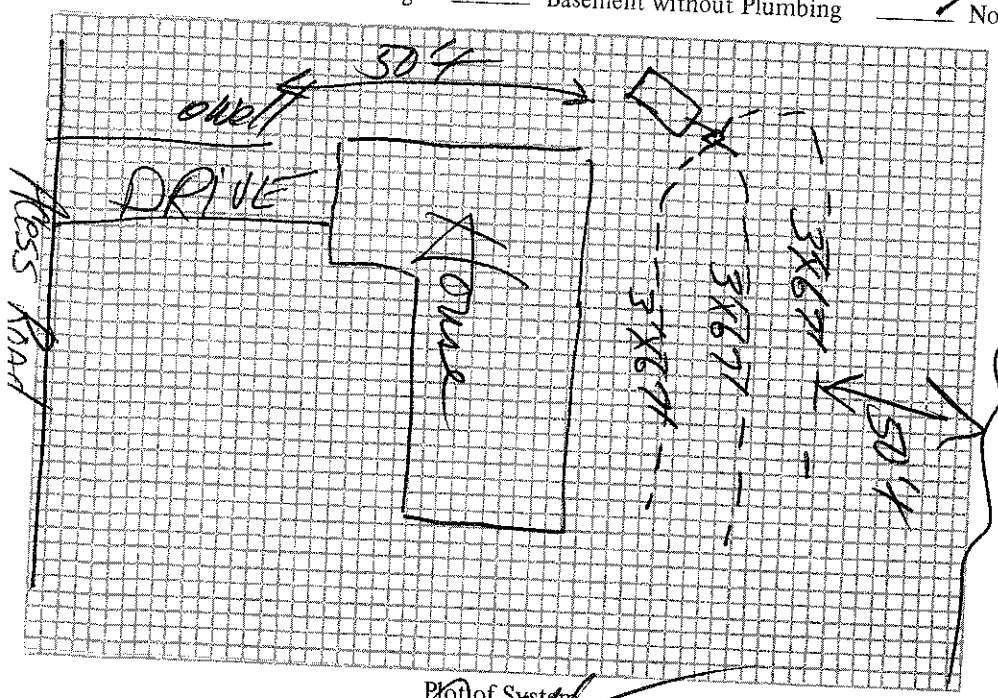
No. Bedrooms 3 No. Bathrooms 2

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

Lot Area ±20000 ft²

Character & Porosity of Soil clay loam
Percolation Rate 16 mpi 6-8"
Topography
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:
No. of Lines 3
Sq. Ft. 600 Linear Ft 200
Depth of Stone in Lines 12"
Water Supply: Individual (✓)
Public ( )

Installed by Blake Hyde

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

Signed: _____

IMPROVEMENTS PERMIT BY _____

COMMENTS: _____

CERTIFICATE OF COMPLETION BY _____

EXISTING SYSTEM CHECKED BY: _____ DATE 12-27-82

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