4645-35-8922

# 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 Jerry Liner DATE 4/13/89 Quad ~~PERMIT NO.~~ 21C

PHONE: Business _____ Home office - (704) 253-9383

LOCATION 21 South TL Alcove TR Templeton TL Queens Cove On L. ~ ½ mile S. R. No. _____

SUBDIVISION NAME Queens Cove LOT NO. 4 SECTION OR BLOCK NO. 2

2H-11-B-4

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

No. Bedrooms 4 No. Bathrooms 3½

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

Lot Area ~~2,384~~ ~~1,991 x 2 = 1~~ ~~1991 x 2~~ ~~1991 x 2~~

Character & Porosity of Soil Clay (deep)

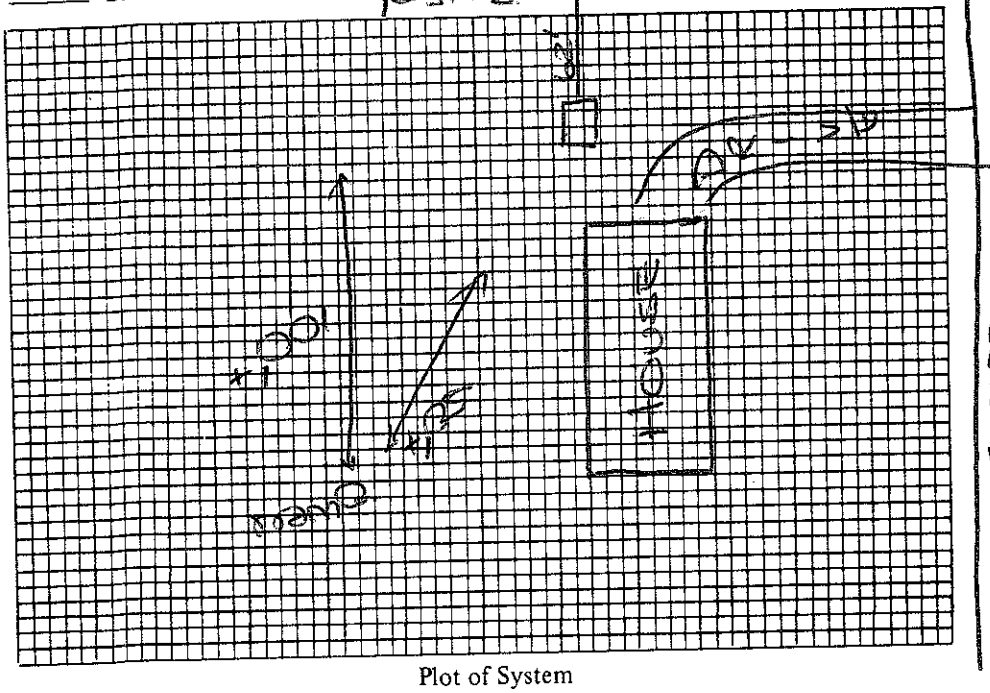
Percolation Rate ~ .35 gal/ft²/d

Topography Hilly

Depth to Water Table 4'+

Rock or other impervious formations none observed

(✓) Basement with Plumbing ~~1991 x 2~~ Basement without Plumbing _____ No Basement




Plot of System

Size of Tank 1500 Gals.

Nitrification Field:

No. of Lines 3

Sq. Ft. 1380 Linear Ft. 460

Depth of Stone in Lines 12"

Water Supply: Individual (✓)

Public ( )

Installed by Tommy & Paul Frye

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

Signed: _____

IMPROVEMENTS PERMIT BY ACP

COMMENTS: _____

CERTIFICATE OF COMPLETION BY Andre C. Pierce DATE 4/13/89

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