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 Mike Allison DATE 6-17-83 PERMIT NO. 301

PHONE: Business _____ Home _____

LOCATION 1108 4645 35 9381

SUBDIVISION NAME Queens Cove LOT NO. 8 S. R. No. _____ SECTION OR BLOCK NO. 1

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

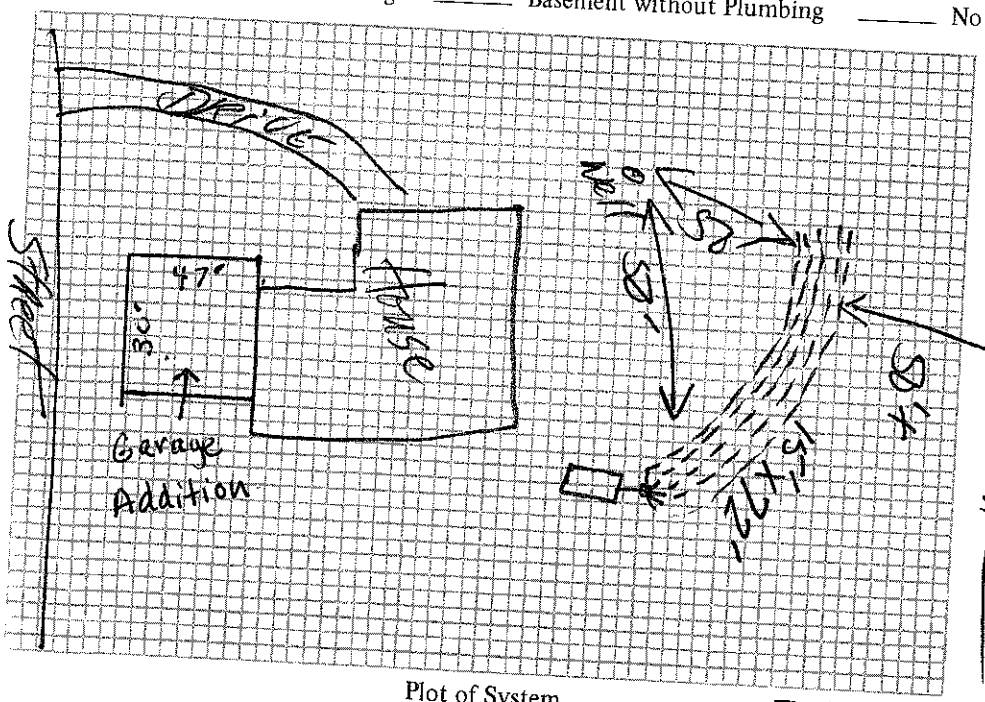
No. Bedrooms 3 No. Bathrooms 3

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

Character & Porosity of Soil clay loam
Percolation Rate 15
Topography 2 6%
Depth to Water Table 4'+
Rock or other impervious formations none obs

Lot Area 20000 Sq Ft

✓ Basement with Plumbing ____ Basement without Plumbing ____ No Basement



Plot of System

Size of Tank 1250 Gals.

Nitrification Field:
No. of Lines 5
Sq. Ft. 1080 Linear Ft. 360
Depth of Stone in Lines 12"

Water Supply: Individual (✓)
Public ( )

Installed by JR Bowles

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

Signed: _____

IMPROVEMENTS PERMIT BY _____

The location of the proposed Garage addition does not appear to impact the existing septic system.
**NOTE: Sink only No full bath

Judy Melville REHS
Date: 11-24-10
ICHD-Environmental Health Division

COMMENTS: _____

CERTIFICATE OF COMPLETION BY David R. Hinson, R.S. DATE 6-17-83

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