4645-36-4119

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 Raymond Herron DATE 10/29/87 PERMIT NO. _____

PHONE: Business _____ Home _____

LOCATION 1108 TL into Queens Cove on Rt. b/f water

SUBDIVISION NAME Queens Cove LOT NO. 33 S. R. No. _____ SECTION OR BLOCK NO. 2

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 ( )

Lot Area 2.1 ACRE

Character & Porosity of Soil Clay

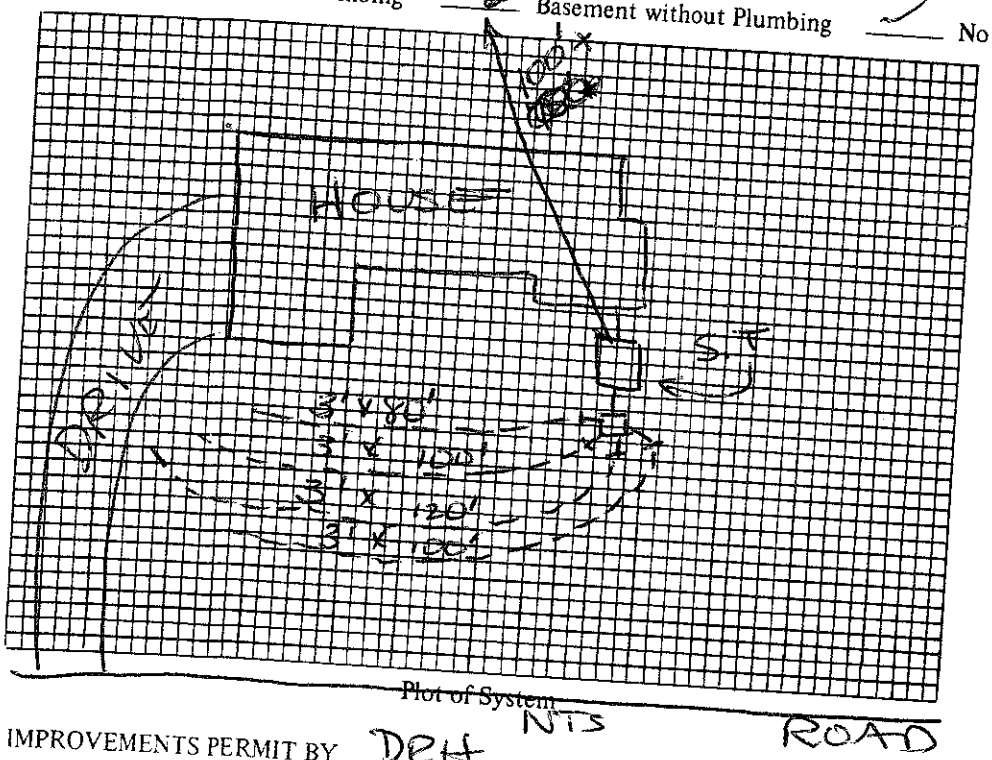
Percolation Rate 3 gpd/ft²

Topography 2-4% depressional in middle

Depth to Water Table 4'+

Rock or other impervious formations None Observed

_____ Basement with Plumbing 0 well Basement without Plumbing ✓ No Basement



Plot of System NTS

Size of Tank 1000 Gals.

Nitrification Field:
No. of Lines 3
Sq. Ft. 1200 Linear Ft. 400
Depth of Stone in Lines 12"

Water Supply: Individual (✓)
Public ( )

Installed by F.J. ERVIN

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

Signed: _____

IMPROVEMENTS PERMIT BY DEH

COMMENTS: _____

CERTIFICATE OF COMPLETION BY Andrew C. Purvis

EXISTING SYSTEM CHECKED BY: _____ DATE 10/29/87

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