4645-36-4416

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 Elak "Buster" Williams DATE 5-6-85 PERMIT NO. 190 (189)

PHONE: Business _____ Home _____

LOCATION 215 X I77 TL 1206 TR 1108 ½ mile R Buckingham Drive .2 mile on R

SUBDIVISION NAME Queens Cove LOT NO. 34 SECTION OR BLOCK NO. 2 S. R. No. _____

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

No. Bedrooms 3 No. Bathrooms 2

Garbage Disposal Unit Yes (X) No ( )

Auto. Dishwasher Yes (X) No ( )

Auto. Wash. Machine Yes (X) No ( )

Site Suitable Yes (X) No ( )

Lot Area 20,000 Sq Ft

Character & Porosity of Soil Clay

Percolation Rate 0.5 gal/sq ft/day

Topography Level

Depth to Water Table _____

Rock or other impervious formations None Obs

_____ Basement with Plumbing _____ Basement without Plumbing X No Basement

Size of Tank 1250 Gals.

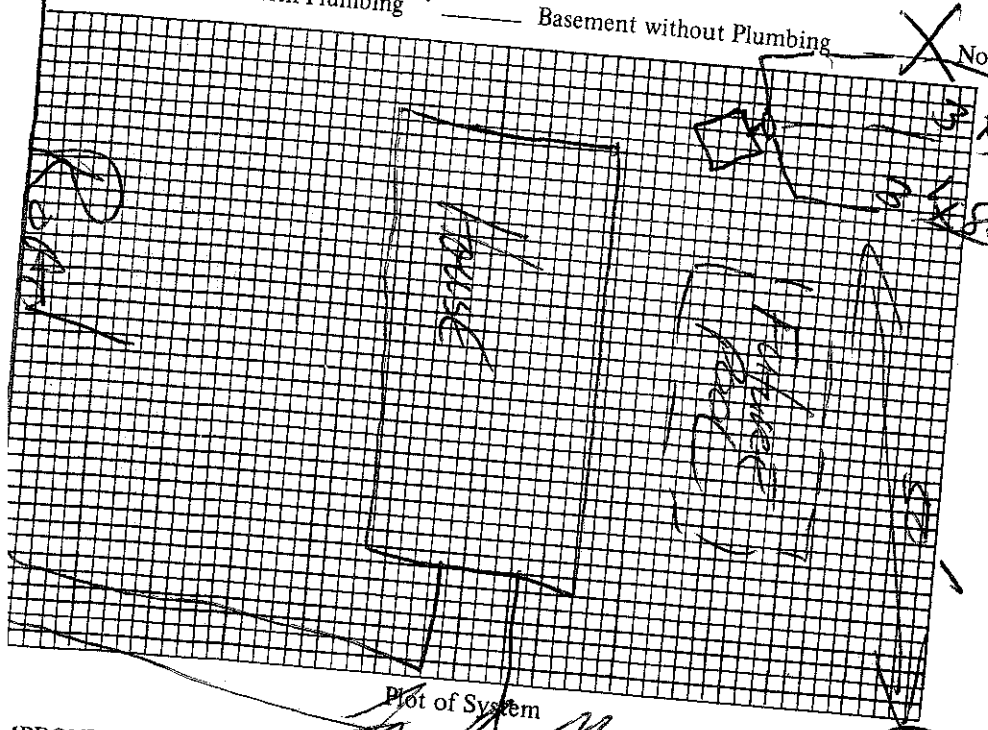
Nitrification Field:

No. of Lines 3

Sq. Ft. 720 Linear Ft. 240

Depth of Stone in Lines 12"

Water Supply: Individual X Public ( )



Plot of System

Installed by J. R. Bowles

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

Signed: _____

IMPROVEMENTS PERMIT BY Mark Clemmer

COMMENTS: _____

CERTIFICATE OF COMPLETION BY Mark Clemmer DATE 5-6-85

EXISTING SYSTEM CHECKED BY: _____ DATE _____

CONSTRUCTION MUST COMPLY WITH ALL OTHER APPLICABLE STATE AND LOCAL REGULATIONS.

This 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