Neighbor's

IREDELL COUNTY HEALTH DEPARTMENT

11351

# (SEPTIC TANK) IMPROVEMENTS PERMIT AND CERTIFICATE OF COMPLETION

(Ground Absorption Sewage Disposal System – G. S. Chapter 130-Article 13C)

OWNER OR CONTRACTOR Joe Hollar DATE Feb. 13, '91 PERMIT NO 24-11-B-15

PHONE: Business _____ Home _____

LOCATION 215 X I77 TL 1206 (Alcove) TR 1108 (Templeton)

on left 3rd lot past 1st entrance into Queens Cove S. R. No. _____

SUBDIVISION NAME Queens Cove LOT NO. 15 SECTION OR BLOCK NO. A

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

No. Bedrooms 4 No. Bathrooms 2½

Garbage Disposal Unit Yes ( ) No ( )

Auto. Dishwasher Yes ( ) No ( )

Auto. Wash. Machine Yes ( ) No ( )

Site ~~Suitable~~ Yes ( ) ~~No~~ ( )

Lot Area ~2½ Ac

Character & Porosity of Soil Ps-Clay

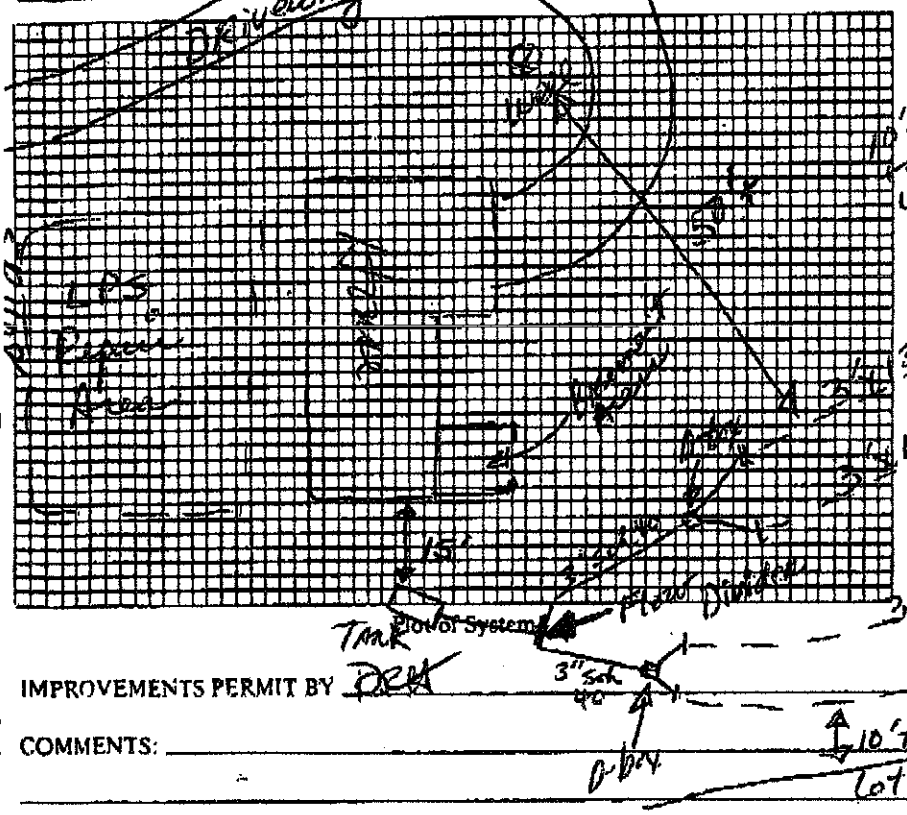
Percolation Rate 2, 3

Topography 2-4%

Depth to Water Table 4'+

Rock or other impervious formations none obs.

_____ Basement with Plumbing ~~X~~ Basement without Plumbing _____ No Basement




Size of Tank 1500 Gals.

Nitrification Field:

No. of Lines 4

Sq. Ft. 1620 Linear Ft. 540

Depth of Stone in Lines 12"

Water Supply: Individual ( ) Public ( )

Installed by Jason Benton

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

Signed: _____

IMPROVEMENTS PERMIT BY DRH

COMMENTS: Basement added after imp. permit issued.

CERTIFICATE OF COMPLETION BY DR Hamm / EHS DATE 2-13-91

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