IREDELL COUNTY HEALTH DEPARTMENT

Neighbor's

(SEPTIC TANK) IMPROVEMENTS PERMIT AND CERTIFICATE OF COMPLETION
(Ground Absorption Sewage Disposal System – G. S. Chapter 130-Article 13C)

OWNER OR CONTRACTOR Keith Carroll DATE 10/15/87 PERMIT NO. _____

PHONE: Business _____ Home _____

LOCATION 1206 (Alcove) TR 1108 (Templeton) Tl 1st entrance into Queens Cove 1st lot on Right S. R. No. _____

SUBDIVISION NAME Queen's Cove LOT NO. 3 SECTION OR BLOCK NO. 2

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

No. Bedrooms 3 No. Bathrooms 2

Garbage Disposal Unit	Yes ( )	No (✓)	Character & Porosity of Soil	clay
Auto. Dishwasher	Yes (✓)	No ( )	Percolation Rate	1 4
Auto. Wash. Machine	Yes (✓)	No ( )	Topography	2 4 Pu
Site Suitable	Yes (✓)	No ( )	Depth to Water Table	4' +
			Rock or other impervious formations	none observed

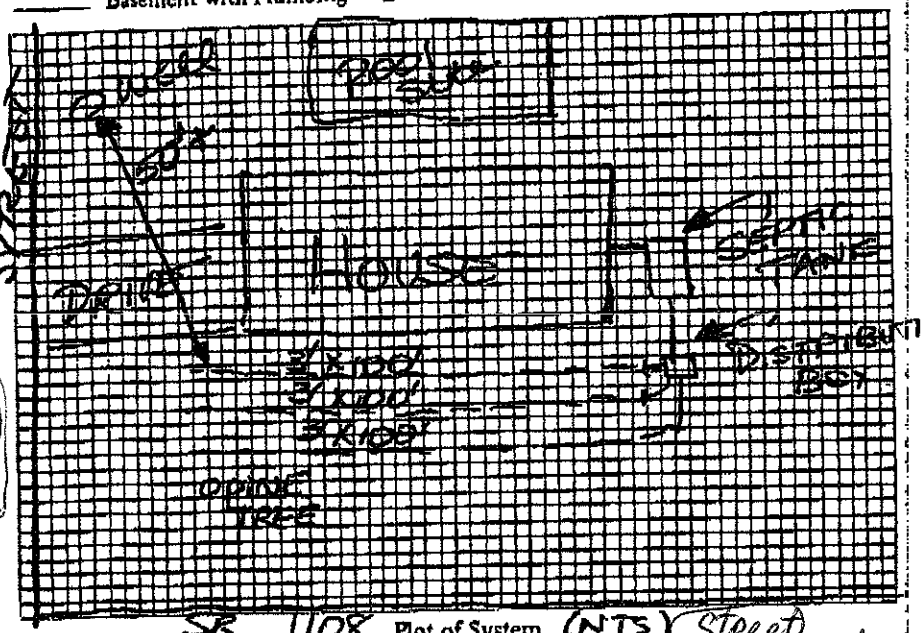
Lot Area 3 ACRES

_____ Basement with Plumbing _____ Basement without Plumbing ✓ No Basement

Size of Tank 1000 Gals.

Nitrification Field:
No. of Lines 3
Sq. Ft. 402 Linear Ft. 300 / 211
Depth of Stone in Lines _____

Water Supply: Individual (✓)
Public ( )



Plot of System (NTS) (Street Templeton Rd)

Installed by E.J. ERVIN

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

Signed: _____

IMPROVEMENTS PERMIT BY DRH, RS

COMMENTS: 3rd line (evergreen tree) – Turned pipe down so as to spill effluent by gravity down hill into ditch. – Approved

CERTIFICATE OF COMPLETION BY Andrew C. Pierce DATE 10/15/87

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