4645-37-3505

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 Keith Carroll DATE 6-21-85 PERMIT NO. 283

PHONE: Business _____ Home _____

LOCATION 21S TL on Alcove Rd TR off Templeton to Queen Cove go about 1/2 mile TL (first entrance into Queen Cove) 1st lot on R S. R. No. _____

SUBDIVISION NAME Queen Cove LOT NO. 39 SECTION OR BLOCK NO. 2

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

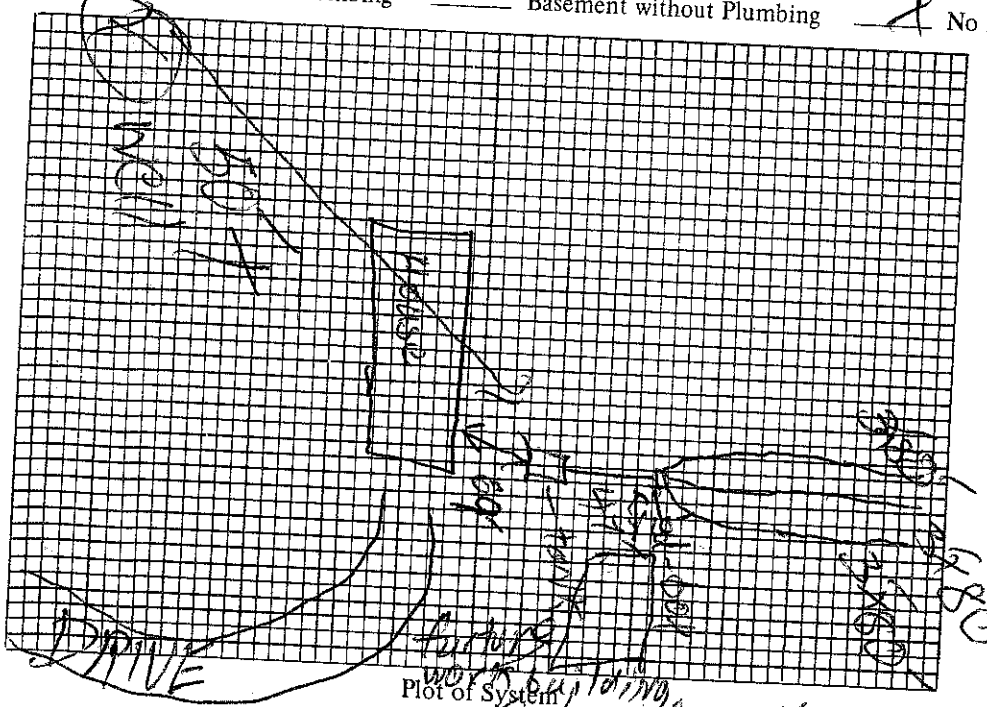
No. Bedrooms 3 No. Bathrooms 2

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

Character & Porosity of Soil Clay
Percolation Rate .5 gal/ft²/day
Topography 2-10%
Depth to Water Table 4'
~~Rock or other impervious formations~~ Some quartz

Lot Area 20,000 Sq Ft

_____ Basement with Plumbing _____ Basement without Plumbing X No Basement



Size of Tank 1000 Gals.
Nitrification Field:
No. of Lines 3
Sq. Ft. 720 Linear Ft. 240
Depth of Stone in Lines 12"
Water Supply: Individual (X)
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~~ Charles K. Bennett

COMMENTS: property

CERTIFICATE OF COMPLETION BY Charles K. Bennett DATE 6-27-85

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