09861

4645-37-4115

# 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 Terry L. Henderson DATE Oct-25, '89 PERMIT NO. 2H-11-B-37

PHONE: Business _____ Home _____

LOCATION 21 S. TR 1206 (Alcove) TR 1108 (Templeton) 1L Queens Circle 1/4 mile on Right

SUBDIVISION NAME Queens Cove LOT NO. 37 SECTION OR BLOCK NO. 2 S. R. No. _____

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

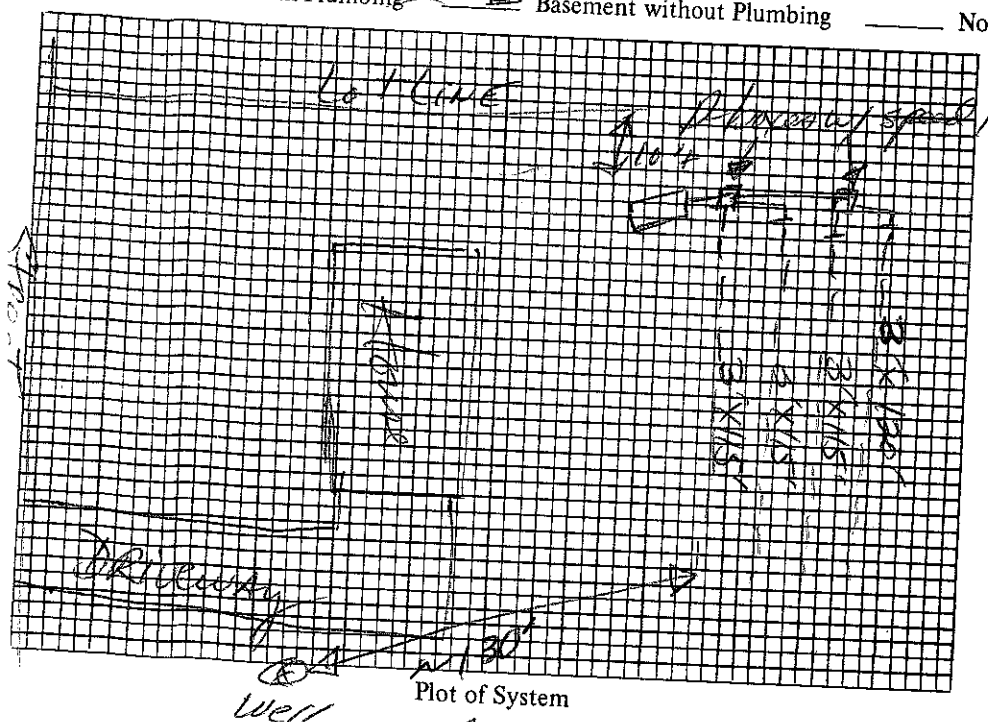
No. Bedrooms 4 No. Bathrooms 3

| | | | | |
|---|---|---|---|---|
| Garbage Disposal Unit | Yes | (✓) | No | ( ) |
| Auto. Dishwasher | Yes | (✓) | No | ( ) |
| Auto. Wash. Machine | Yes | (✓) | No | ( ) |
| Site Suitable PS | Yes | (✓) | No | ( ) |

Lot Area ~2 Ac.

Character & Porosity of Soil clay
Percolation Rate 20 35
Topography 2-4%
Depth to Water Table 4'+
Rock or other impervious formations none obs.

✓ Basement with Plumbing ≠ Basement without Plumbing ____ No Basement




Size of Tank 1500 Gals.

Nitrification Field:
No. of Lines 4
Sq. Ft. 1380 Linear Ft. 460+
Depth of Stone in Lines 12"

Water Supply: Individual (✓)
Public ( )

Installed by Mike Seazer

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

Signed: _____

IMPROVEMENTS PERMIT BY ACH

COMMENTS: _____

CERTIFICATE OF COMPLETION BY _____

EXISTING SYSTEM CHECKED BY: _____ DATE 10-25-89

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