4645-37-4970

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 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 Queens Cove LOT NO. 13 SECTION OR BLOCK NO. 2

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

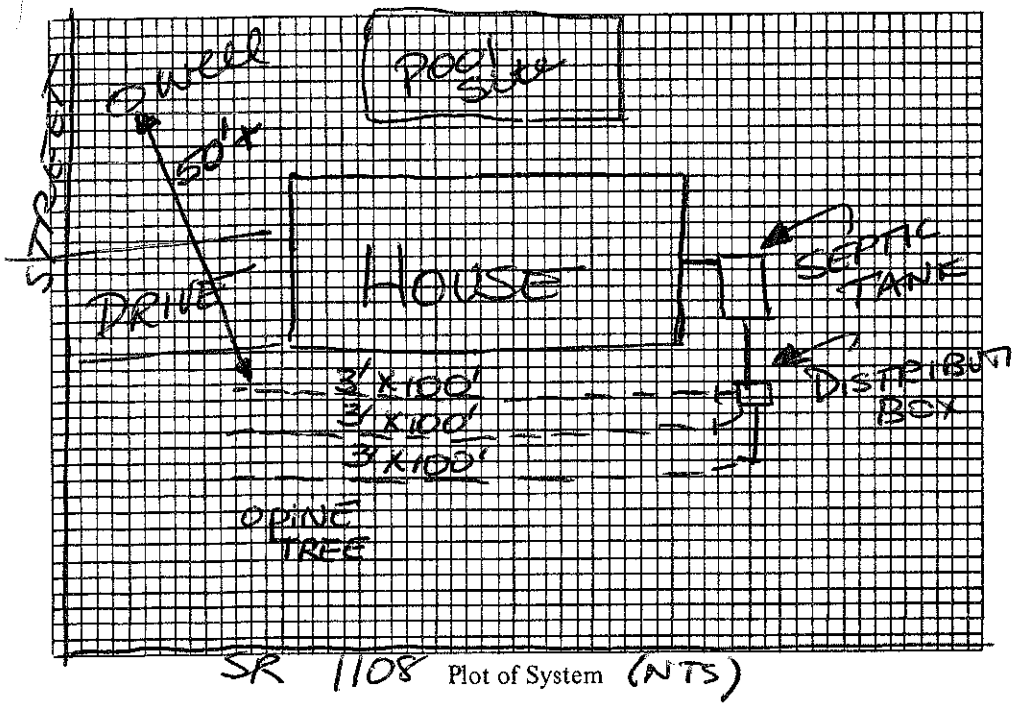
No. Bedrooms 3 No. Bathrooms 2

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

Character & Porosity of Soil Clay
Percolation Rate 1/4
Topography 2-4%
Depth to Water Table 41+
Rock or other impervious formations none observed

Lot Area 3 ACRES

_____ Basement with Plumbing _____ Basement without Plumbing ✓ No Basement



Plot of System (NTS)

Size of Tank 1000 Gals.
Nitrification Field:
No. of Lines 3
Sq. Ft. 400 Linear Ft. 300
Depth of Stone in Lines 12"
Water Supply: Individual (✓)
Public ( )

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, R.S.

COMMENTS: 3rd line (near pine tree) - Turned pipe down as to spill effluent by gravity downward into ditch. -Approved.

CERTIFICATE OF COMPLETION BY Andrew C. Queen 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