IREDELL COUNTY HEALTH DEPARTMENT 4645-39-6385

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

OWNER OR CONTRACTOR Michael Poteat DATE 5-14-87 PERMIT NO.

PHONE: Business Home

LOCATION 1206 (Alcove) TR 1108 (Templeton) TR across from 1st entrance into Queens Cove ~ 1/8 mile on Rt. S. R. No.

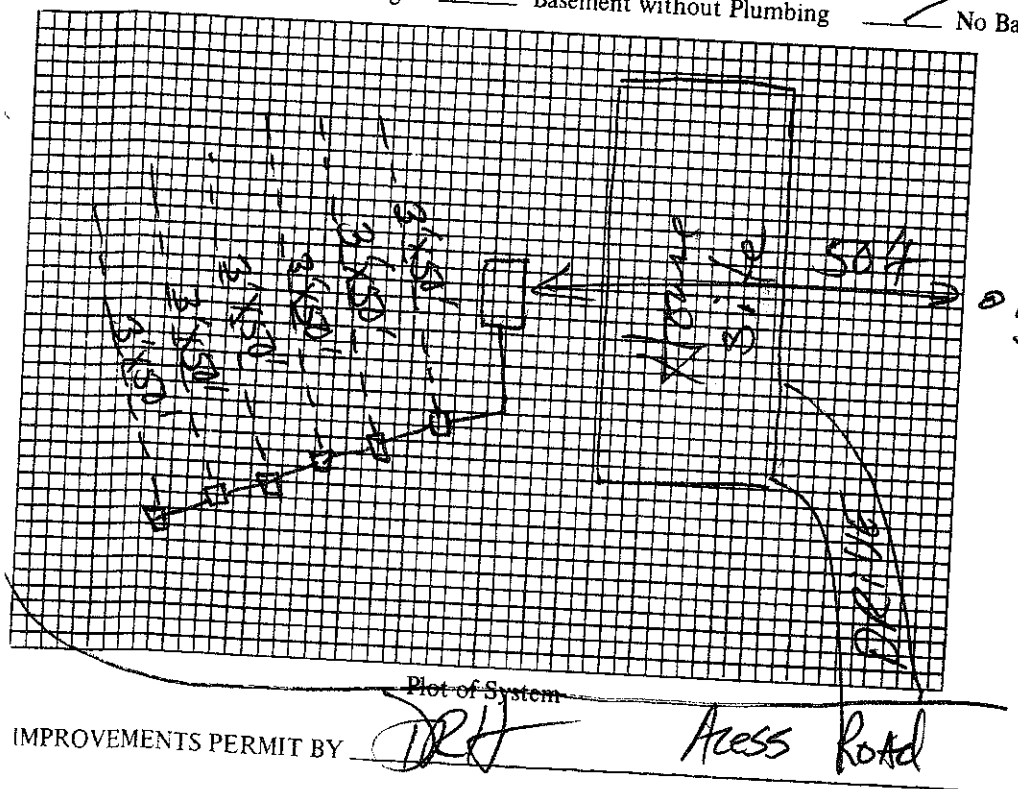
SUBDIVISION NAME Quail Ridge LOT NO. 4 SECTION OR BLOCK NO.

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

No. Bedrooms 3 No. Bathrooms 2½

Garbage Disposal Unit	Yes (✓)	No ( )	Character & Porosity of Soil	clay
Auto. Dishwasher	Yes (✓)	No ( )	Percolation Rate	2.4
Auto. Wash. Machine	Yes (✓)	No ( )	Topography	4-8%
Site Suitable	Yes (✓)	No ( )	Depth to Water Table	4ft
Lot Area 20000 ft² +			Rock or other impervious formations	none obs.

___ Basement with Plumbing ___ Basement without Plumbing ✓ No Basement



Plot of System

Size of Tank 1250 Gals.

Nitrification Field:
No. of Lines 6
Sq. Ft. 900 Linear Ft. 300
Depth of Stone in Lines 12"

Water Supply: Individual (✓)
Public ( )

Installed by J J Ervin

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

Signed:

IMPROVEMENTS PERMIT BY DRH

COMMENTS:

CERTIFICATE OF COMPLETION BY DR Hinson, R.S.

EXISTING SYSTEM CHECKED BY: DATE 5-14-87

CONSTRUCTION MUST COMPLY WITH ALL OTHER APPLICABLE STATE AND LOCAL REGULATIONS.

DATE

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