4645-39-7375

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 Matthew Swan DATE 11-8-84 PERMIT NO. 401

PHONE: Business _____ Home _____

LOCATION 215 to I 77 to 1206 to R1108 to R across Queens Cove S. R. No. _____

SUBDIVISION NAME Quail Ridge LOT NO. 43 SECTION OR BLOCK NO. _____

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 ( )

Lot Area 20,000 ft2

Character & Porosity of Soil clay loam

Percolation Rate 10.5 gal/ft²/day

Topography 10-15%

Depth to Water Table 24"

Rock or other impervious formations None observed

_____ Basement with Plumbing _____ Basement without Plumbing 1 No Basement

Size of Tank 1000 Gals.

Nitrification Field:

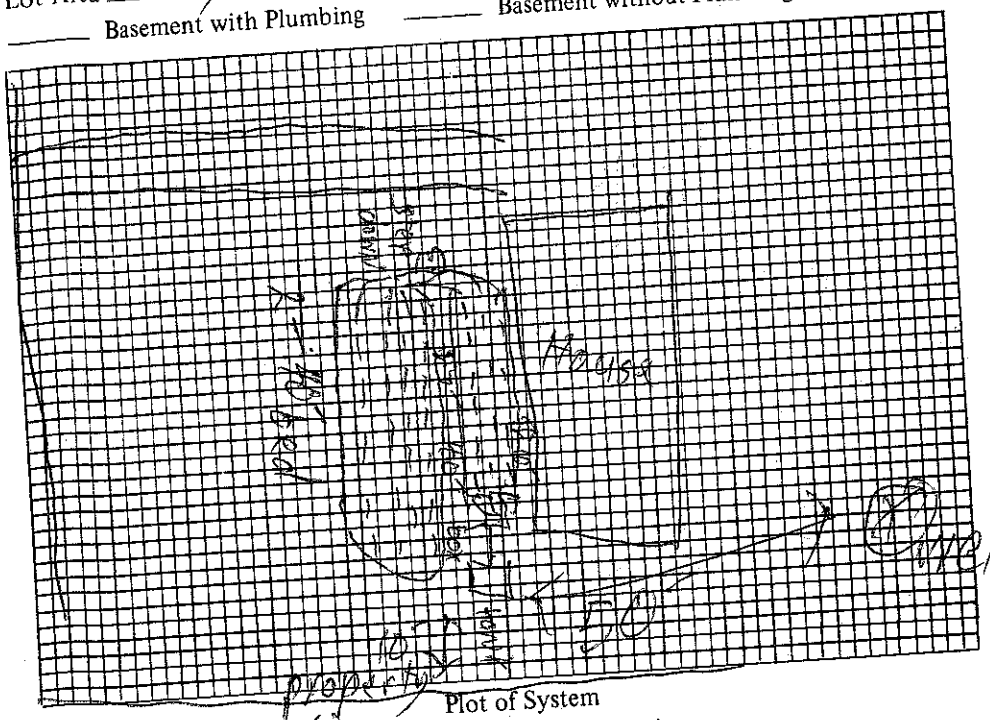
No. of Lines 4

Sq. Ft. 1080 Linear Ft. 360

Depth of Stone in Lines _____

Water Supply: Individual (X)

Public ( )



Installed by Rowe & Gillian

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

Signed: _____

IMPROVEMENTS PERMIT BY Fred Clemmer

COMMENTS: _____

CERTIFICATE OF COMPLETION BY Charles K. Barnett DATE 11-8-8

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