4645-39-9355

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 Mark Terwigan DATE 1-23-84 PERMIT NO. 21

PHONE: Business _____ Home _____

LOCATION 215 X177 TL 1206 TR 1108 TR Across from Queens Cove on gravel drive at end on R

SUBDIVISION NAME Quail Ridge LOT NO. 1 S. R. No. _____ SECTION OR BLOCK NO. _____

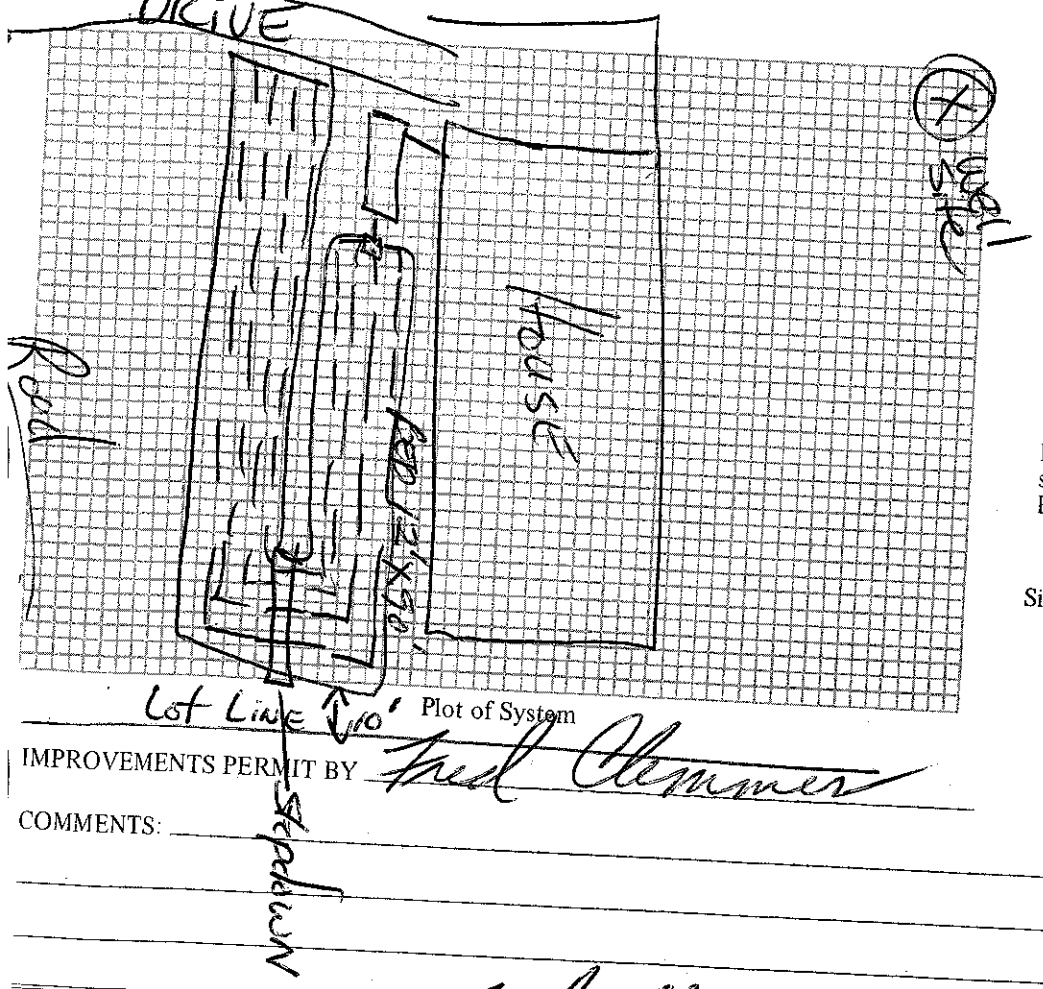
House (X) Mobile Home ( ) Business ( ) Other _____

No. Bedrooms 3 No. Bathrooms 2

Garbage Disposal Unit	Yes X	No ( )	
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 0.5 gal/ft2/day
Topography 2-8% Lot
Depth to Water Table _____
Rock or other impervious formations None observed



Size of Tank 1250 Gals.
Nitrification Field:
No. of Lines 4
Sq. Ft. 1080 Linear Ft. 360
Depth of Stone in Lines 12"
Water Supply: Individual (X)
Public ( )

Installed by Larry Tucker

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 Fred Clemmer DATE 1-23-84

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