IREDELL COUNTY HEALTH DEPARTMENT 4645-45-0385

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

OWNER OR CONTRACTOR HAROLD O. CLINE DATE 10/16/87 PERMIT NO. _____

PHONE: Business _____ Home _____

LOCATION 21 S. X I77 TL 1206 (Alcove) TR 1108 (Templeton) TL 1st entrance into Queens Cove. Bear L. On R. S. R. No. _____

SUBDIVISION NAME Queens Cove LOT NO. 7 SECTION OR BLOCK NO. 1

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

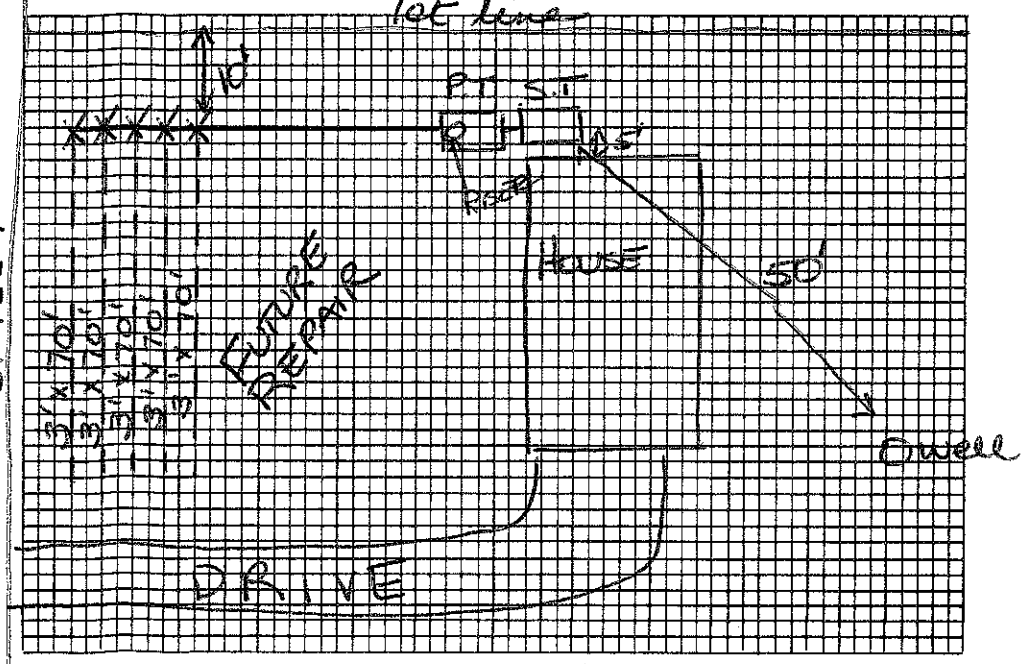
No. Bedrooms 3 No. Bathrooms 3
Garbage Disposal Unit Yes ( ) No (✓)
Auto. Dishwasher Yes (✓) No ( )
Auto. Wash. Machine Yes (✓) No ( )
Site Suitable Yes (✓) No ( )
Lot Area 20000

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

_____ Basement with Plumbing _____ Basement without Plumbing _____ No Basement

1000 gal pump tank
Size of Tank 1000 Gals.

Nitrification Field:
No. of Lines 5
Sq. Ft. 1050 Linear Ft. 350
Depth of Stone in Lines 12"+
Water Supply: Individual (✓)
Public ( )



Plot of System NTS.

Installed by Richard ARMSTRONG

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

Signed: _____

IMPROVEMENTS PERMIT BY DRH

COMMENTS: Tanks, drainfield, pressure dosing – ACP.
Alarm mounted and working

CERTIFICATE OF COMPLETION BY Andrew C. Pruett DATE 12/8/87

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