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 Harold O. Cline DATE 5-21-87 PERMIT NO. _____

PHONE: Business _____ Home _____

LOCATION 215 S. X I77 TR 1206 (Alcove) TR 1108 (Templeton) TR 1st entrance into Queens Cove Bear left on Rt. S. R. No. _____

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

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

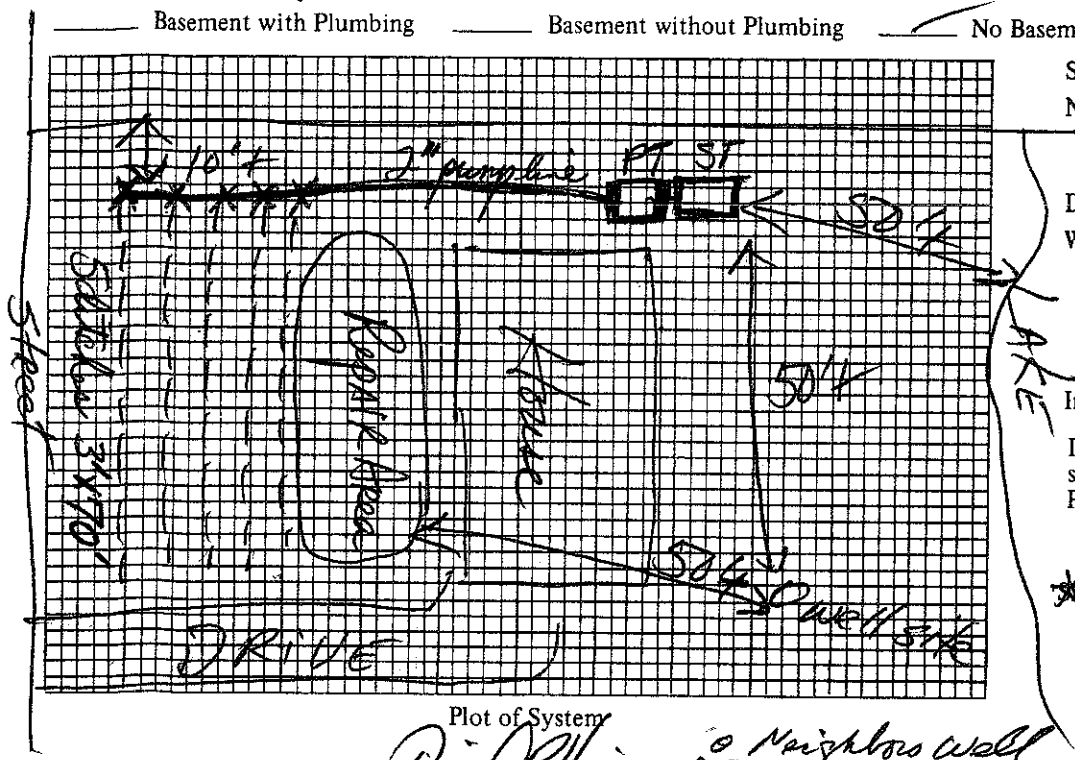
No. Bedrooms 3 No. Bathrooms 3

Garbage Disposal Unit	Yes ( )	No (✓)	Character & Porosity of Soil	clay	
Auto. Dishwasher	Yes (✓)	No ( )	Percolation Rate	2, 35	
Auto. Wash. Machine	Yes (✓)	No ( )	Topography	2-4%	
Site Suitable	Yes (✓)	No ( )	Depth to Water Table	4'+	
			Rock or other impervious formations	none obs.	

Lot Area 20000 ft²+

_____ Basement with Plumbing _____ Basement without Plumbing ___✓___ No Basement

1000 gal pump tank



Plot of System

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 ( )

Installed by _____

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

~~Signed~~: Mary H. Cline

IMPROVEMENTS PERMIT BY David R. Hinson, RS. ⊙ Neighbors well

COMMENTS: Pressure dose conventional field. Call Health Dept for specifications before installing system. Keep system at a depth of 24-30" to bottom of ditch (12-18" cover)

CERTIFICATE OF COMPLETION BY _____ DATE _____

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