IREDELL COUNTY HEALTH DEPARTMENT 4645-45-1389

(SEPTIC TANK) IMPROVEMENTS PERMIT AND CERTIFICATE OF COMPLETION

(Ground Absorption Sewage Disposal System – G. S. Chapter 130-Article 13C)

OWNER OR CONTRACTOR Jeff Wade DATE 1-22-81 PERMIT NO. 24

PHONE: Business _____ Home _____

LOCATION 1206 TR 1108

SUBDIVISION NAME Queens Cove S. R. No. _____

LOT NO. 6 SECTION OR BLOCK NO. 1

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

No. Bedrooms 3 No. Bathrooms 2½

Garbage Disposal Unit	Yes (✓)	No ( )	
Auto. Dishwasher	Yes (✓)	No ( )	
Auto. Wash. Machine	Yes (✓)	No ( )	
Site Suitable	Yes (✓)	No ( )	

Lot Area 20,000 ft² +

Character & Porosity of Soil clay loam

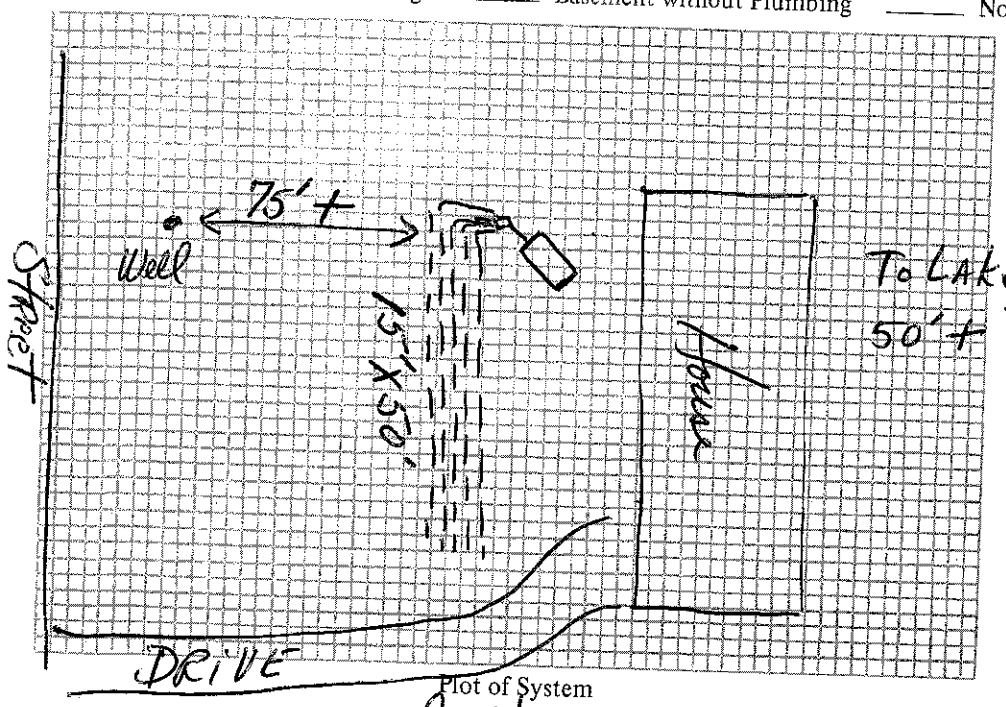
Percolation Rate 30 mpi

Topography 2-4%

Depth to Water Table sink.

Rock or other impervious formations none obs

_____ Basement with Plumbing ✓ Basement without Plumbing _____ No Basement



Plot of System

Size of Tank 1500 Gals.

Nitrification Field:

No. of Lines 5

Sq. Ft. 750 Linear Ft. 250

Depth of Stone in Lines 16" +

Water Supply: Individual (✓)

Public ( )

Installed by Blake Hyde

I understand and agree to install septic t system as specified on this Improveme Permit.

Signed: _____

IMPROVEMENTS PERMIT BY DRH

COMMENTS: _____

CERTIFICATE OF COMPLETION BY David R. Hinson DATE 1-27-81

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