IREDELL COUNTY HEALTH DEPARTMENT 4645-45-3446

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

OWNER OR CONTRACTOR Pete Mady Const. DATE 10-5-82 PERMIT NO. 320

PHONE: Business _____ Home _____

LOCATION 1206 TL 1108

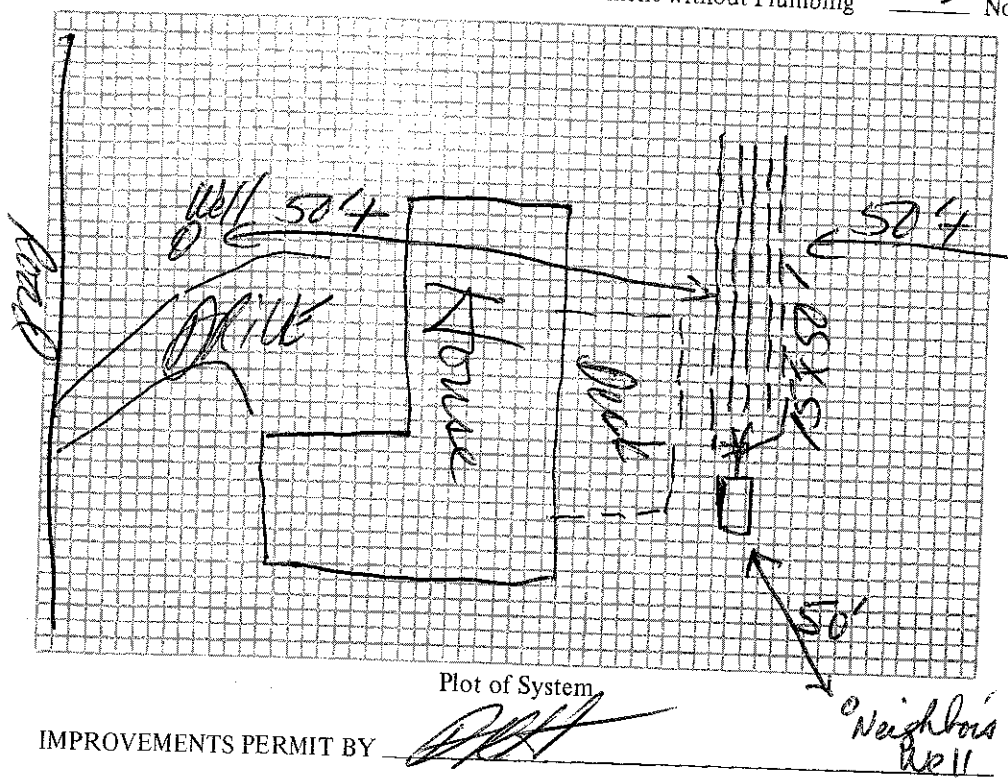
SUBDIVISION NAME Queens Cove LOT NO. 4 S. R. No. _____ SECTION OR BLOCK NO. 1

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

No. Bedrooms 3 No. Bathrooms 2

| | | | | |
|---|---|---|---|---|
| Garbage Disposal Unit | Yes ( ) | No (✓) | Character & Porosity of Soil | clay loam |
| Auto. Dishwasher | Yes (✓) | No ( ) | Percolation Rate | 480 |
| Auto. Wash. Machine | Yes (✓) | No ( ) | Topography | Rolling |
| Site Suitable | Yes (✓) | No ( ) | Depth to Water Table | 44 |
| Lot Area 20000sf+/- | | | Rock or other impervious formations | none obs. |

_____ Basement with Plumbing _____ Basement without Plumbing ✓ No Basement




Plot of System

Size of Tank 1000 Gals.

Nitrification Field:
No. of Lines 5
Sq. Ft. 250 Linear Ft. 250
Depth of Stone in Lines 16"+

Water Supply: Individual (✓)
Public ( )

Lake

Installed by Blake Hyde

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

Signed: _____

IMPROVEMENTS PERMIT BY _____

COMMENTS: _____

CERTIFICATE OF COMPLETION BY David K. Hanson DATE 10-5-82

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