4645-45-4650

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 Lanny Belk DATE 1-6-86 PERMIT NO. 7

PHONE: Business ______ Home ______

LOCATION 21S X I-77 TL 1206 TR 1108 TL Main Entrance, At H2O TL Near cul de sac S. R. No. ______

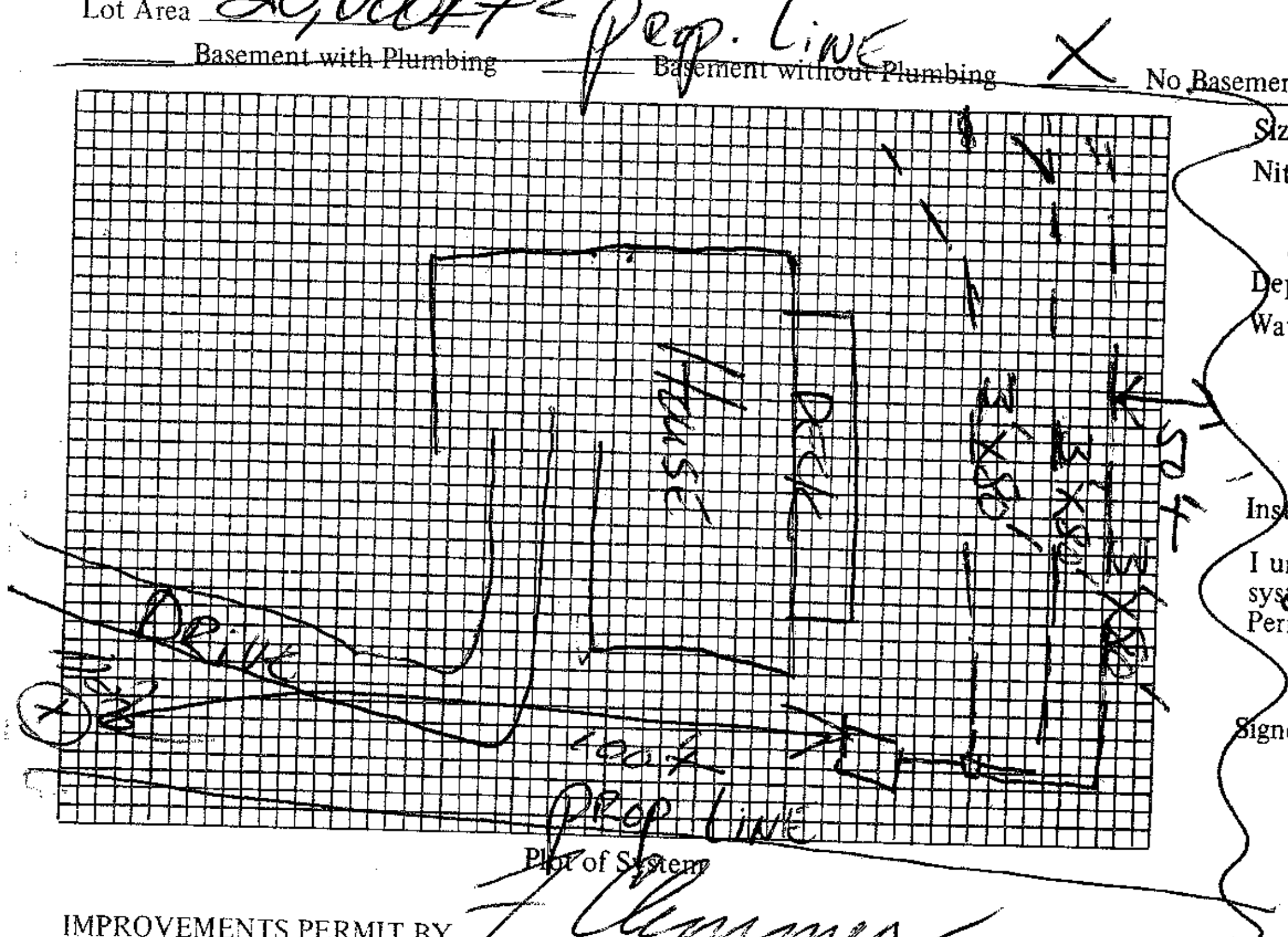
SUBDIVISION NAME Queens Cove LOT NO. 2 SECTION OR BLOCK NO. 1

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

No. Bedrooms 3 No. Bathrooms 2
Garbage Disposal Unit Yes ( ) No (X)
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 - clay
Percolation Rate 0.5 gal/ft²/day
Topography 2-10%
Depth to Water Table 48"
Rock or other impervious formations NONE obs.

______ Basement with Plumbing ______ Basement without Plumbing X No Basement



Plot of System

Size of Tank 1000 Gals.
Nitrification Field: 3
No. of Lines
Sq. Ft. 120 Linear Ft. 240
Depth of Stone in Lines 12"
Water Supply: Individual (X)
Public ( )

Installed by Charlie Ballard

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

Signed: ______

IMPROVEMENTS PERMIT BY F. Clemmer

COMMENTS: ______

CERTIFICATE OF COMPLETION BY Fred Clemmer DATE 1-6-86

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