IREDELL COUNTY HEALTH DEPARTMENT

4645 45 4750

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

OWNER OR CONTRACTOR William F. Seifts DATE 11-18-83 PERMIT NO. 395

PHONE: Business _____ Home _____

LOCATION 215 TL 1206 TR 1198 TL Queens Cove
TL AT forks attend on outside-SAC

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

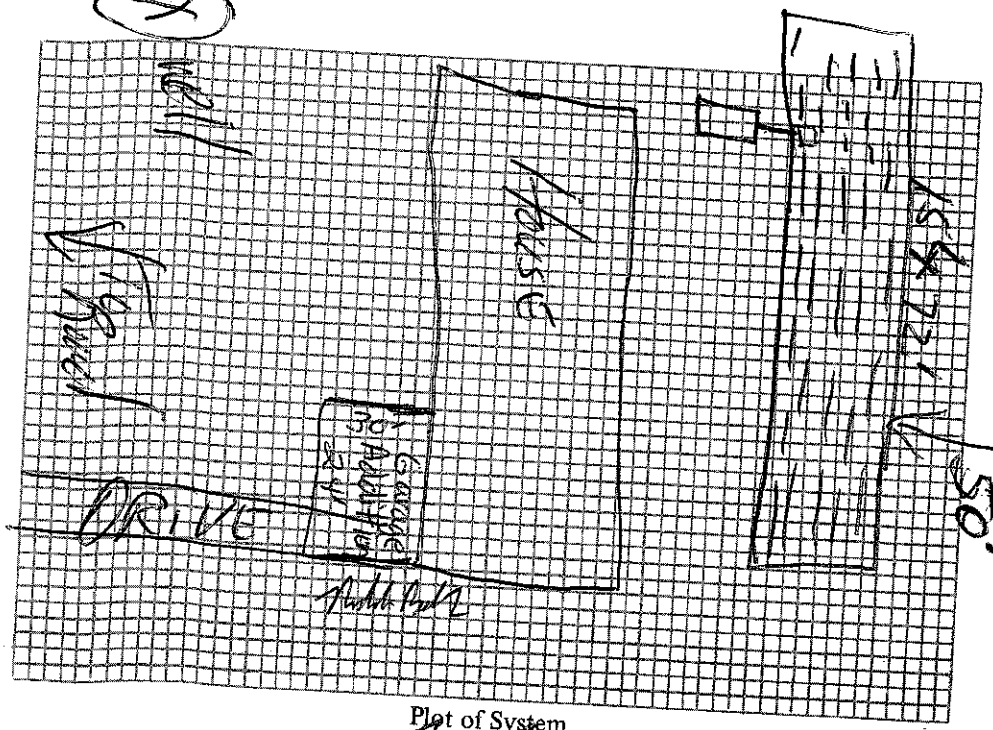
House (X) Mobile Home ( ) Business ( ) Other _____

No. Bedrooms 3 No. Bathrooms 2

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

Lot Area ~34,000 Ft²

Character & Porosity of Soil Clay loam/clay
Percolation Rate 0.5 gal/ft²/day
Topography 10-15%
Depth to Water Table 24"+
Rock or other impervious formations None observed



Plot of System

Size of Tank 1000 1500 Gals.
Nitrification Field:
No. of Lines 5
Sq. Ft. 1080 Linear Ft. 360'
Depth of Stone in Lines 12"
Water Supply: Individual (X)
Public ( )

Installed by F. J. Erwin Co.

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

Signed: _____

IMPROVEMENTS PERMIT BY Fred Clemmer

The proposed / ~~existing~~ Garage addition does not appear to impact the existing septic system.

**NOTE: _____

COMMENTS: _____

Andy Melvill R.S.
Date: 11-30-09
ICHD-Environmental Health Division

CERTIFICATE OF COMPLETION BY Fred Clemmer

EXISTING SYSTEM CHECKED BY: _____ DATE 11-18-83

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. DATE _____

Health Dept. Copy: White Inspection Dept. Copy: Yellow Sanitarian's Copy: Pink Owner's Copy: Gold