4645-46-0164

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 Ronald Waldron DATE 9-23-85 PERMIT NO. 415

PHONE: Business _____ Home _____

LOCATION 1408 N. Queens Cove . 2mile on left

SUBDIVISION NAME Queens Cove LOT NO. 5 S. R. No. _____ SECTION OR BLOCK NO. 2

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

No. Bedrooms 4 No. Bathrooms 3

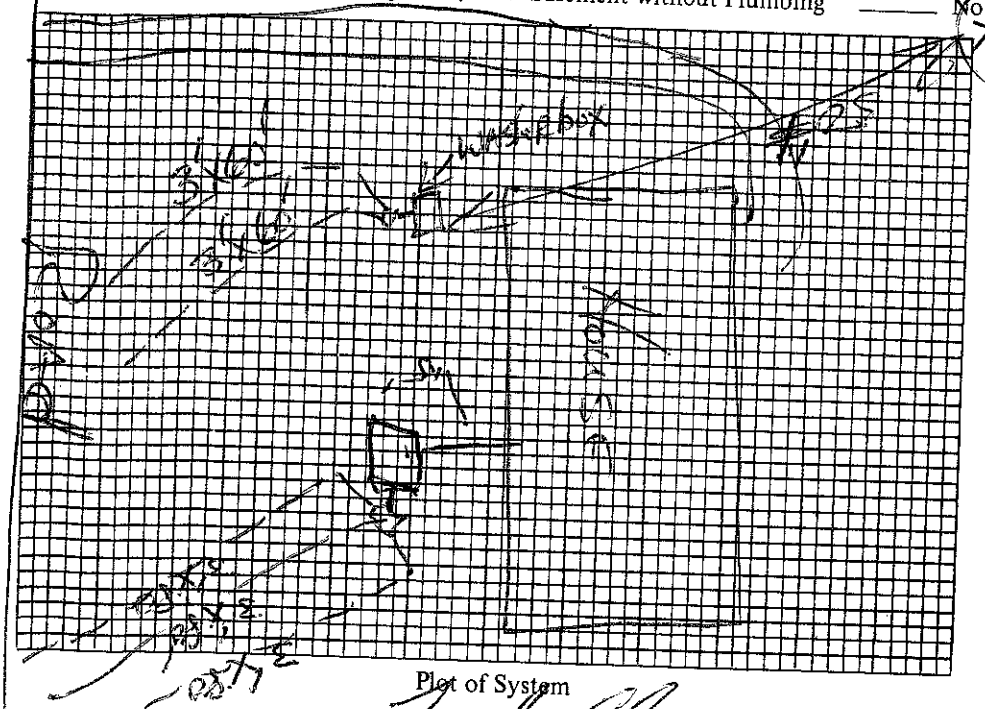
Garbage Disposal Unit	Yes ( )	No (X)	
Auto. Dishwasher	Yes (X)	No ( )	
Auto. Wash. Machine	Yes (X)	No ( )	
Site Suitable	Yes (X)	No ( )	

Lot Area 3.9 Acres

Character & Porosity of Soil Clay
Percolation Rate 2-40 3 min/ft 1 day
Topography Gently
Depth to Water Table 4ft
Rock or other impervious formations None obs.

75 gal washer box
120 LFT 12" stone

_____ Basement with Plumbing X Basement without Plumbing _____ No Basement



Size of Tank 1000 Gals.

Nitrification Field:
No. of Lines 3
Sq. Ft. 720 Linear Ft. 240
Depth of Stone in Lines 12"

Water Supply: Individual (X)
Public ( )

Installed by Wilfred Bridges

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

Signed: _____

IMPROVEMENTS PERMIT BY Fred Clemmer

COMMENTS: _____

CERTIFICATE OF COMPLETION BY Fred Clemmer DATE 9-25-85

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