10693.

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 RAYMOND JONES DATE 3-1-90. PERMIT NO. SH-5-B-2

PHONE: Business _____ Home _____

LOCATION Hwy 3 mile Rd. off old Mtn. Rd - approx. 2.5 miles on R - Enter Lot - 2nd Lot on left.

S. R. No. _____

SUBDIVISION NAME HOKELAND ESTATES. LOT NO. 2 SECTION OR BLOCK NO. _____

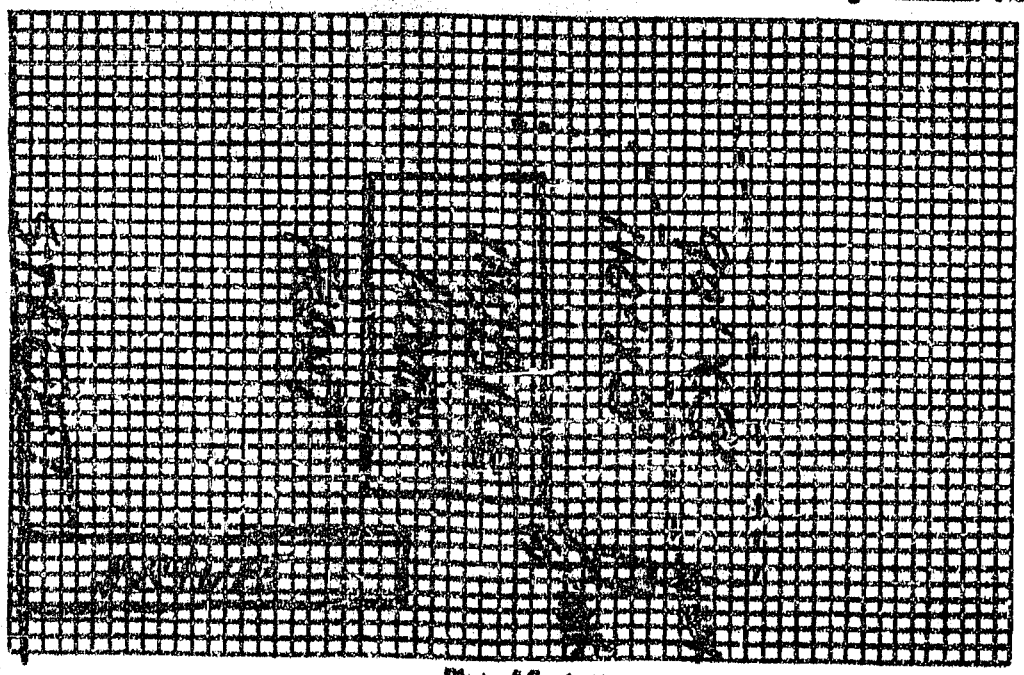
House ( ) Mobile Home (✓) Business ( ) Other _____

No. Bedrooms 2 No. Bathrooms 1

Garbage Disposal Unit Yes ( ) No (✓)
Auto. Dishwasher Yes ( ) No (✓)
Auto. Wash. Machine Yes (✓) No ( )
Site Suitable Yes (✓) No ( )
Lot Area 115' x 174'

Character & Porosity of Soil Grey Sandy Loam.
Percolation Rate 1" 39 Min.
Topography 2-6% Slope
Depth to Water Table 12'
Rock or other impervious formations None encountered.

_____ Basement with Plumbing _____ Basement without Plumbing ✓ No Basement



Size of Tank 1000 Gals.
Nitrification Field:
No. of Lines 2
Sq. Ft. 600 Linear Ft. 200
Depth of Stone in Lines 12"
Water Supply: Individual (✓)
Public ( )

Plan of System

IMPROVEMENTS PERMIT BY Steve Brown

Installed by Charlie Bryce

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

Signed: _____

COMMENTS: _____

CERTIFICATE OF COMPLETION BY Steve Brown DATE 3-1-90.

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