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 Hope Brothers Bob DATE 6-12-74 PERMIT NO. 155

PHONE: Business 872-4151 Home _____

LOCATION N.C. 115 S. Turn left on 113 to mi. on left

S. R. No. _____

SUBDIVISION NAME Fremont Park LOT NO. 25 SECTION OR BLOCK NO. _____

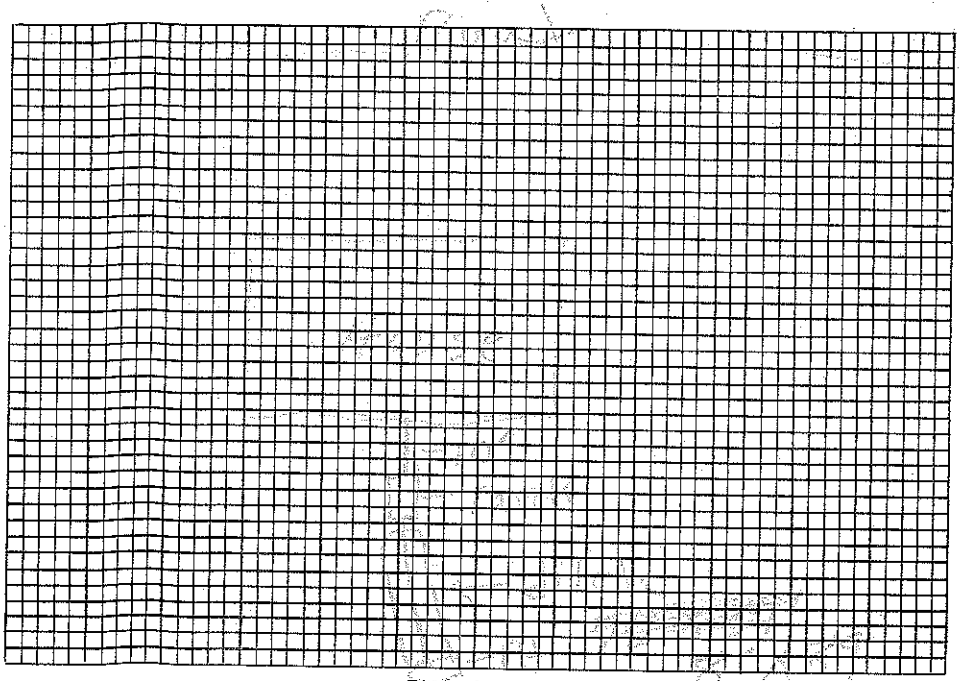
House ( ) Mobile Home ( ) Business ( ) Other _____

No. Bedrooms 3 No. Bathrooms 1½

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

Lot Area 22,000 sq ft

Character & Porosity of Soil Fine Sandy Loam (Porosity good)
Percolation Rate 15 min/inch
Topography Slope
Depth to Water Table 10'
Rock or other impervious formations none



Plot of System

Size of Tank 1000 Gals.
Nitrification Field:
No. of Lines 3
Sq. Ft. 720 Linear Ft. 240
Depth of Stone in Lines 10"
Water Supply: Individual ( )
Public (✓)

Installed by Hope Brothers

IMPROVEMENTS PERMIT BY T C Moore

COMMENTS: _____

CERTIFICATE OF COMPLETION BY _____ DATE 6-12-74

CONSTRUCTION MUST COMPLY WITH ALL OTHER APPLICABLE STATE AND LOCAL REGULATIONS.

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