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 Bro DATE 4-6-76 PERMIT NO. _____

PHONE: Business _____ Home _____

LOCATION Carol-Lynn Acres S. R. No. _____

SUBDIVISION NAME _____ LOT NO. 39 SECTION OR BLOCK NO. _____

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

No. Bedrooms 3 No. Bathrooms 2

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

Lot Area 50,000 sq ft

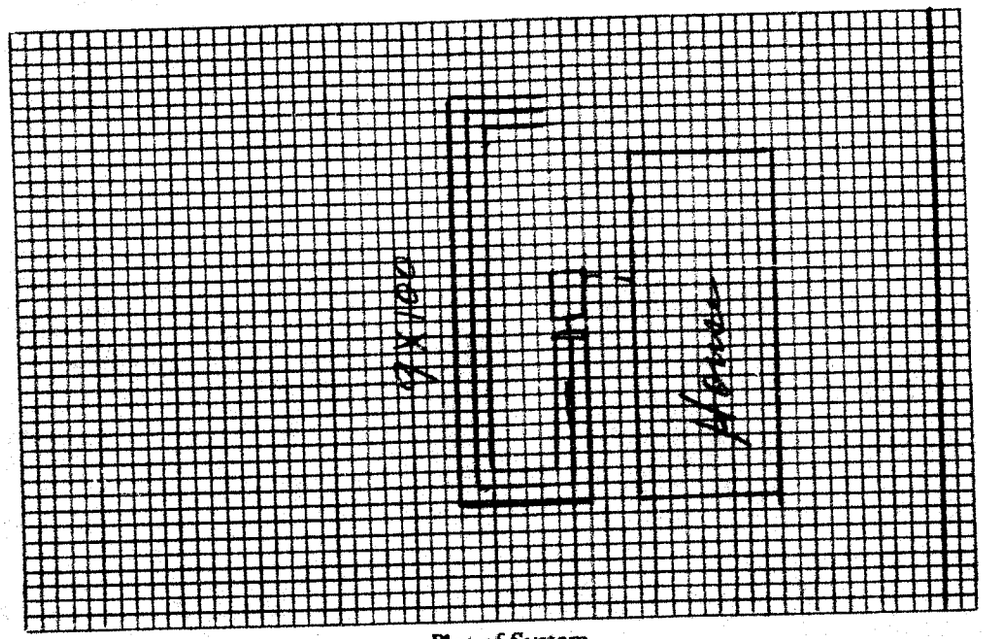
Character & Porosity of Soil Red Clay

Percolation Rate _____

Topography Slope to back of lot

Depth to Water Table Low

Rock or other impervious formations None



Plot of System

Size of Tank 1000 Gals.

Nitrification Field:

No. of Lines 3

Sq. Ft. 900 Linear Ft. 300

Depth of Stone in Lines 10"

Water Supply: Individual ( )

Public (✓)

Installed by Hope Bro

IMPROVEMENTS PERMIT BY _____

COMMENTS: Step drop from septic tank to distribution box. Water from downspouts should be diverted away from tank & lines. Layout not followed

CERTIFICATE OF COMPLETION BY E. A. Stevenson DATE 4-6-76

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