41399

IREDELL COUNTY HEALTH DEPARTMENT

(SEPTIC TANK) IMPROVEMENTS PERMIT AND CERTIFICATE OF COMPLETION

(Ground Absorption Sewage Disposal System -- G. S. Chapter 130-Article 13C)

13594 OWNER OR CONTRACTOR KENNETH HOPE DATE 11/18/91 PERMIT NO. 9A-8-A-32

PHONE: Business _____ Home _____

LOCATION NC 115 N, TL SCOTTS CREEK RD, TR BROOKHOLLOW DR, 1ST LOT ON (L) S. R. No. _____

SUBDIVISION NAME BROOKHOLLOW ESTATE LOT NO. 32 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 ( )

Character & Porosity of Soil PS
Percolation Rate .4 GPD / FT²
Topography 4-6% LS
Depth to Water Table > 4'
Rock or other impervious formations NONE

Lot Area AMPLE

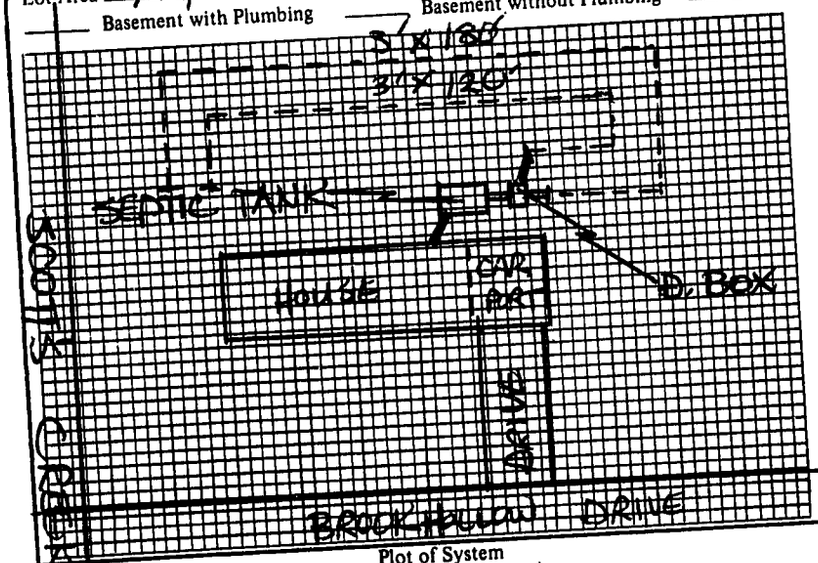
Basement with Plumbing ___ Basement without Plumbing ___ No Basement ✓

ACP 9/27/91

Size of Tank 1000 Gals.

Nitrification Field:
No. of Lines 2
Sq. Ft. 400 Linear Ft. 300
Depth of Stone in Lines 12"

Water Supply: Individual ( )
Public (✓)



Plot of System

Installed by ARNIE DUNCAN

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

Signed: _____

IMPROVEMENTS PERMIT BY STEVE HEDRICK

COMMENTS: _____

CERTIFICATE OF COMPLETION BY STEVE HEDRICK DATE 11/18/91

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