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 10/17/91 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 _____ LOT NO. _____ SECTION OR BLOCK NO. _____

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

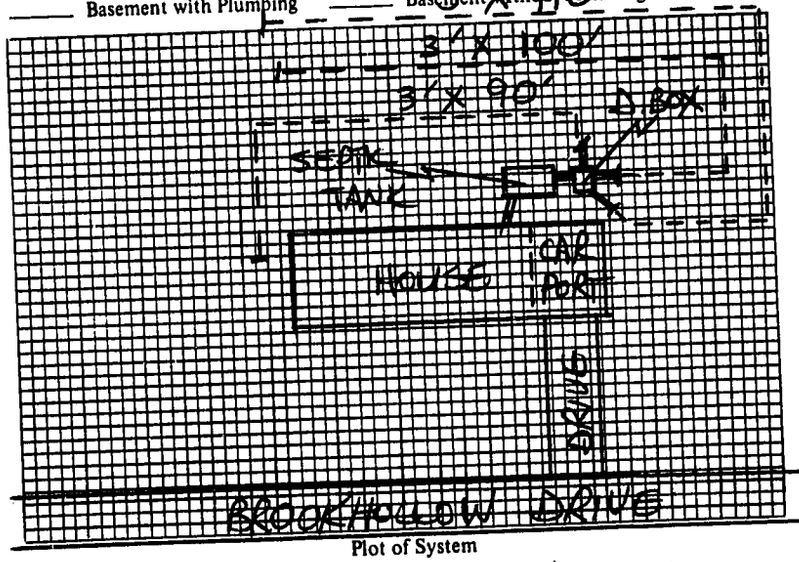
No. Bedrooms 3 No. Bathrooms 2

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 ~~[illegible] .4 GPD/FT²~~ 4-60, LS
Topography >4
Depth to Water Table NONE
Rock or other impervious formations

Lot Area AMPLE

_____ Basement with Plumbing _____ Basement Without Plumbing ✓ No Basement



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 12"
Water Supply: Individual ( )
Public (✓)

Installed by _____

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

Signed: X Kenneth L. Hope

IMPROVEMENTS PERMIT BY STEVE HEDRICK

COMMENTS: * USE 2 LINES IF DESIRED - FOLLOW CONTOUR AS CLOSELY AS POSSIBLE - USE STEPDOWN IF NEEDED.

CERTIFICATE OF COMPLETION BY _____ DATE _____

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. THIS PERMIT IS VALID FOR 60 MONTHS AFTER ISSUE

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