IREDELL COUNTY HEALTH DEPARTMENT

(SEPTIC TANK) IMPROVEMENTS PERMIT AND CERTIFICATE OF COMPLETION
(Ground Absorption Sewage Disposal System -- G. S. Chapter 130-Article 13C)

13853 OWNER OR CONTRACTOR Hope Bros. Bldrs DATE 3/4/92 PERMIT NO. 9A-A-3

PHONE: Business _____ Home _____

LOCATION NC 115 N, TL Scott's Creek Road, TR Bowman Road, on (L) Lot # 3 S. R. No. _____

SUBDIVISION NAME Brook Hollow LOT NO. 3 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 100 x 150

Character & Porosity of Soil PS
Percolation Rate .4 GPD/FT2
Topography 4-6 MPI LS
Depth to Water Table 54"
Rock or other impervious formations NONE

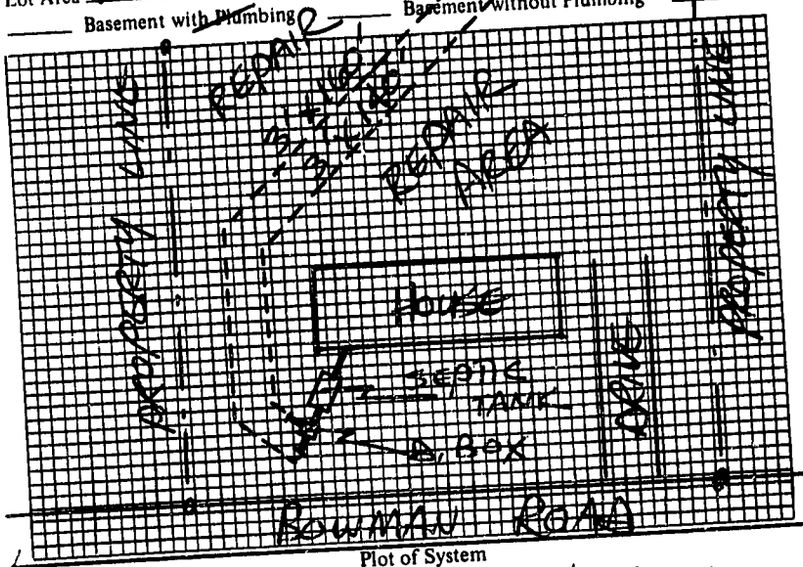
ACP 12/30/91

_____ Basement with Plumbing _____ Basement without Plumbing ✓ No Basement

Size of Tank 1000 Gals.

Nitrification Field:
No. of Lines 2
Sq. Ft. 900 Linear Ft. 300
Depth of Stone in Lines 12"

Water Supply: Individual ( )
Public (✓)



Plot of System

Installed by ARNE DUNCAN

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

Signed: _____

IMPROVEMENTS PERMIT BY STEVE HEDRICK

COMMENTS: REPAIR AREA IS CONVENTIONAL GRAVITY FED WITH ~ 0.35 GPD/FT2 APPLICATION RATE

CERTIFICATE OF COMPLETION BY STEVE HEDRICK DATE 3/4/92

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