## IREDELL COUNTY HEALTH DEPARTMENT

11447

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

OWNER OR CONTRACTOR JL & KP HOPE DATE 2/13/92 PERMIT NO. 14F-4-A-2

PHONE: Business _____ Home _____

LOCATION NC 115 N, TL ESTATE DRIVE, ~300' ON (L)

S. R. No. _____

SUBDIVISION NAME JOHN KING ESTATE LOT NO. 2 SECTION OR BLOCK NO. _____

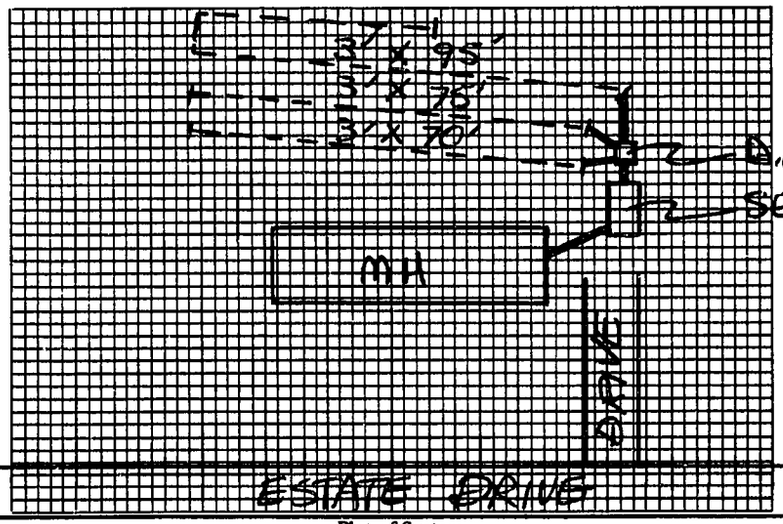
House ( ) Mobile Home (✓) Business ( ) Other _____

No. Bedrooms 2 No. Bathrooms 2
Garbage Disposal Unit Yes ( ) No (✓)
Auto. Dishwasher Yes ( ) No (✓)
Auto. Wash. Machine Yes (✓) No ( )
Site Suitable Yes (✓) No ( )
Lot Area 28,830 FT2

Character & Porosity of Soil PS
Percolation Rate .33 GPD/FT2
Topography 1-6% LS
Depth to Water Table >4'
Rock or other impervious formations NONE

ACP 12/26/91

_____ Basement with Plumbing _____ Basement without Plumbing ✓ No Basement



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

Installed by ARNIE DUNCAN

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

Signed: _____

IMPROVEMENTS PERMIT BY STEVE BROWN

COMMENTS: ① SYSTEM WAS OPEN DURING PERIOD OF RAIN WHICH MAY AFFECT ITS LIFESPAN.
② KEEP WELL MINIMUM 50' FROM SYSTEM.

CERTIFICATE OF COMPLETION BY STEVE HEDRICK DATE 2/13/92

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