4730 71 5489

IREDELL COUNTY HEALTH DEPARTMENT

11886

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

OWNER OR CONTRACTOR J. L. Hope DATE Sept. 11, '90 PERMIT NO. 3F-9A-20

PHONE: Business _____ Home _____

LOCATION 1303 N. TL into Shady Cove. ~1/4 mile on left

S. R. No. _____

SUBDIVISION NAME Shady Cove LOT NO. 20 SECTION OR BLOCK NO. 2

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

No. Bedrooms 3 No. Bathrooms 2

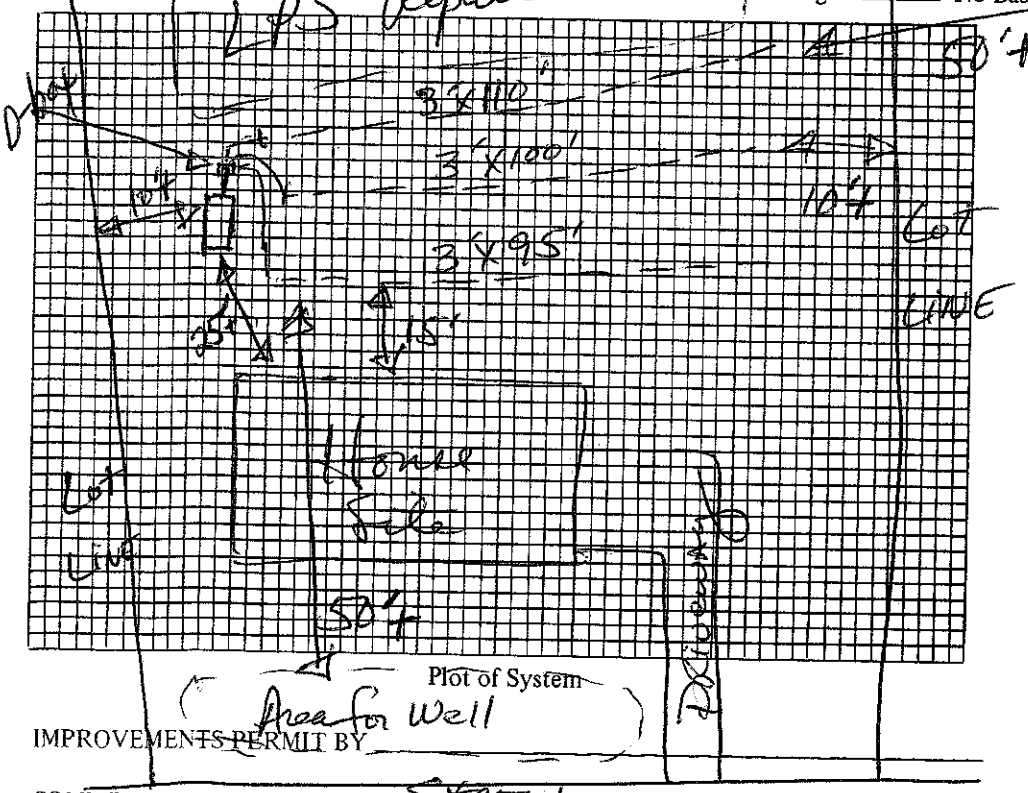
Garbage Disposal Unit Yes ( ) No (✓)
Auto. Dishwasher Yes (✓) No ( )
Auto. Wash. Machine Yes (✓) No ( )
Site Suitable PS Yes (✓) No ( )
Lot Area 20000 ft²+

Character & Porosity of Soil PS clay (shallow)
Percolation Rate .4
Topography 10-15%
Depth to Water Table 4'+
Rock or other impervious formations none obs.

_____ Basement with Plumbing ✓ Basement without Plumbing _____ No Basement

PS Repair Area

Neighbors well



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 Arnie Duncan of Hope Bros.

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

Signed: _____

IMPROVEMENTS PERMIT BY _____

COMMENTS: STREET

Well not installed as of this date.
Ramp eliminated by raising level of future house (house & basement not started yet). Tank to be mounded over to provide 6"+ min. cover.

CERTIFICATE OF COMPLETION BY DR Hunsucker / EHS 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.

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