IREDELL COUNTY HEALTH DEPARTMENT

II 4730 71 981

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

OWNER OR CONTRACTOR Kenneth Hope DATE 6-28-84 PERMIT NO. 204

PHONE: Business _____ Home _____

LOCATION Perth Rd Turn on Shady Cove 100 on L

SUBDIVISION NAME Shady Cove LOT NO. 14 SECTION OR BLOCK NO. 2 S. R. No. _____

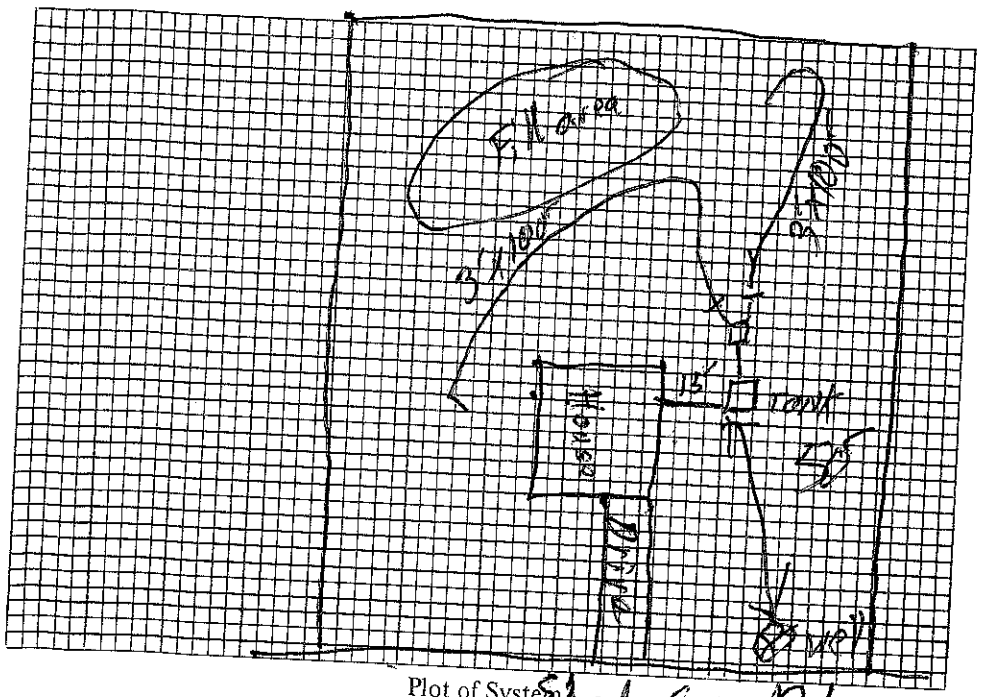
House (✓) Mobile Home ( ) Business ( ) Other _____

No. Bedrooms 2 No. Bathrooms 1½

Garbage Disposal Unit	Yes ( )	No (✓)
Auto. Dishwasher	Yes ( )	No (✓)
Auto. Wash. Machine	Yes (✓)	No ( )
Site Suitable	Yes (✓)	No ( )

Lot Area 115' x 180'

Character & Porosity of Soil clay loam
Percolation Rate .5 gal/ft²/day
Topography 2 to 6%
Depth to Water Table 10'+
Rock or other impervious formations None



Plot of System Shady Cove Rd.

Size of Tank 1000 Gals.
Nitrification Field:
No. of Lines 2
Sq. Ft. 600 Linear Ft. 200
Depth of Stone in Lines _____
Water Supply: Individual (✓)
Public ( )

Installed by Hope Brothers

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

Signed: _____

IMPROVEMENTS PERMIT BY J. C. Moore

COMMENTS: _____

CERTIFICATE OF COMPLETION BY Charles K. Barnett, Kelly M. Dunn R.S.

EXISTING SYSTEM CHECKED BY: _____ DATE 6-28-84

CONSTRUCTION MUST COMPLY WITH ALL OTHER APPLICABLE STATE AND LOCAL REGULATIONS. DATE _____

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