IREDELL COUNTY HEALTH DEPARTMENT 4730 80 2937

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

OWNER OR CONTRACTOR Hope Brothers DATE 1-16-84 PERMIT NO. 13

PHONE: Business _____ Home _____

LOCATION 1303 N. TL Shady Cove TL 1st Street and END ON left

S. R. No. _____

SUBDIVISION NAME Shady Cove LOT NO. 28 SECTION OR BLOCK NO. II

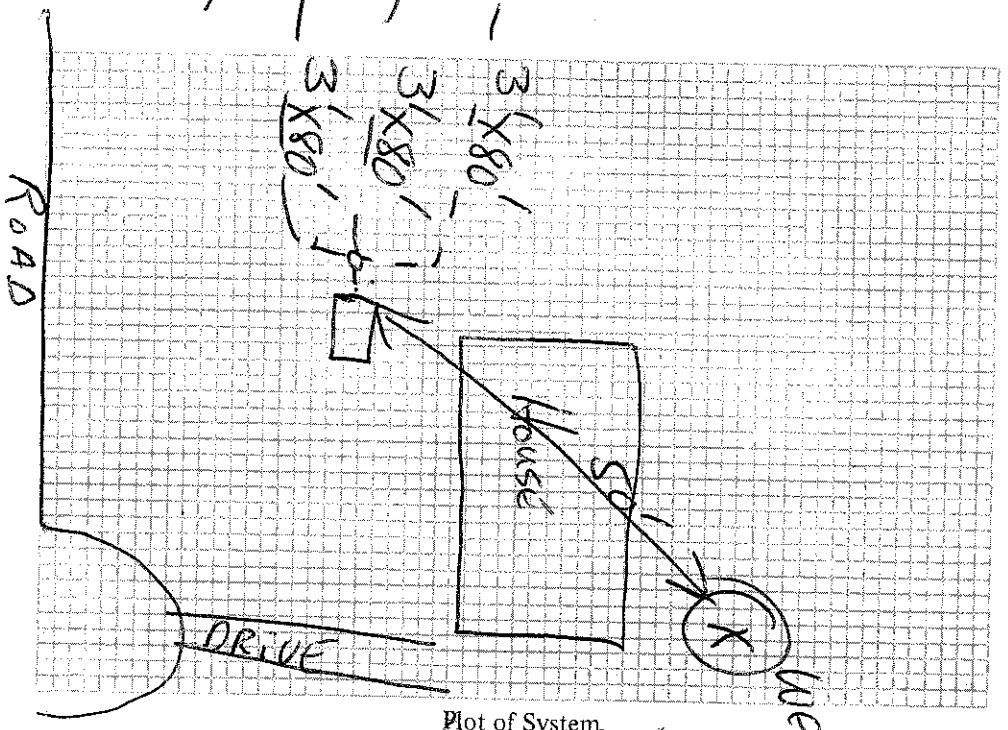
House (X) Mobile Home ( ) Business ( ) Other _____

No. Bedrooms 3 No. Bathrooms 1½

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

Lot Area 20,000 ft²

Character & Porosity of Soil loamy gravel natural
Percolation Rate 0.5 gal/ft²/day
Topography 10-15%
Depth to Water Table 4+
Rock or other impervious formations None observed



Plot of System

Size of Tank 1000 Gals.
Nitrification Field: 3
No. of Lines _____
Sq. Ft. 720 Linear Ft. 240'
Depth of Stone in Lines 12"
Water Supply: Individual (X)
Public ( )

Installed by Arne Duncan

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

Signed: _____

IMPROVEMENTS PERMIT BY David Hinson

COMMENTS: _____

CERTIFICATE OF COMPLETION BY Fred Clemmer DATE 1-16-84

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