IREDELL COUNTY HEALTH DEPARTMENT 4730 81 0733

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

OWNER OR CONTRACTOR Johnny Hope Jr. DATE 9-29-81 PERMIT NO. 323

PHONE: Business _____ Home _____

LOCATION 1303 N. on left 1/4 mi. past jct w/ 1314

SUBDIVISION NAME Shady Cove S. R. No. _____ LOT NO. 12 SECTION OR BLOCK NO. 4

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

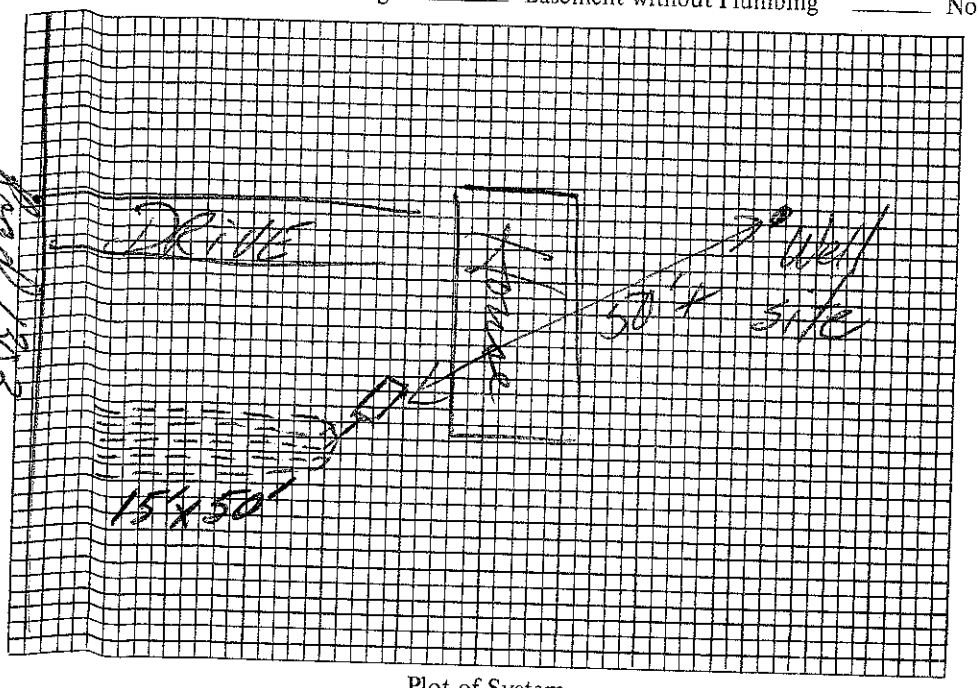
No. Bedrooms 3 No. Bathrooms 2

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

Lot Area 20000 sq ft

Character & Porosity of Soil loamy p.m.
Percolation Rate 28 9-60
Topography gently
Depth to Water Table unknown
Rock or other impervious formations none obs.

✓ Basement with Plumbing _____ Basement without Plumbing _____ No Basement




Plot of System

Size of Tank 1000 Gals.
Nitrification Field:
No. of Lines 5
Sq. Ft. 750 Linear Ft. 250
Depth of Stone in Lines 6"
Water Supply: Individual (✓)
Public ( )

Installed by Arnold Duncan

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

Signed: _____

IMPROVEMENTS PERMIT BY DRH

COMMENTS: _____

CERTIFICATE OF COMPLETION BY David Hunsucker DATE 9-29-81

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