IREDELL COUNTY HEALTH DEPARTMENT

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

OWNER OR CONTRACTOR Hope Bros Builders Inc DATE 6-23-83 PERMIT NO. _____

PHONE: Business _____ Home _____

LOCATION 115 N TR on SR 1907 (Chipley Park) TL 2nd entrance to Chipley Park SR 1963 Harriet St. N/E Corner Harriet St. & Harriet Place R. No. _____

SUBDIVISION NAME Chipley Park LOT NO. _____ SECTION OR BLOCK NO. _____

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

No. Bedrooms 3 No. Bathrooms 1½

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

Lot Area 125 x 120 approx

Character & Porosity of Soil Clay Loam Sandstone

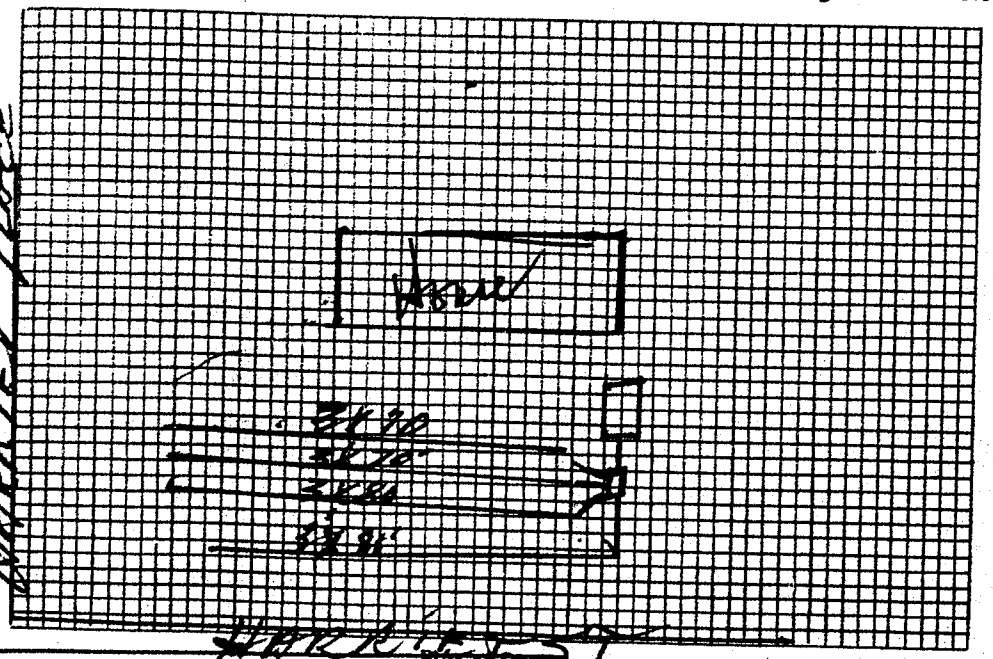
Percolation Rate 45 min/inch

Topography Level on slope

Depth to Water Table 6'

Rock or other impervious formations None

_____ Basement with Plumbing _____ Basement without Plumbing _____ No Basement



Plot of System

Size of Tank 1000 Gals.

Nitrification Field:
No. of Lines 4
Sq. Ft. 400 Linear Ft. 300
Depth of Stone in Lines 12"

Water Supply: Individual ( )
Public (✓)

Installed by Hope Bros.

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

Signed: _____

IMPROVEMENTS PERMIT BY _____

COMMENTS: Critical slope. Trench slope. Trench should be graded to have at least 18" cover on all drainfield work. Backfill.

CERTIFICATE OF COMPLETION BY Glenn Todd DATE 6/23/83

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