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 DATE 5-5-81 PERMIT NO. ______

PHONE: Business ______ Home ______

LOCATION 115 N TR on SR 1907 Chipley Ford Rd & TL on SR 1943 - N/W Corner at SR 1944 S. R. No. ______

SUBDIVISION NAME Chipley Park LOT NO. 1-4 SECTION OR BLOCK NO. A

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

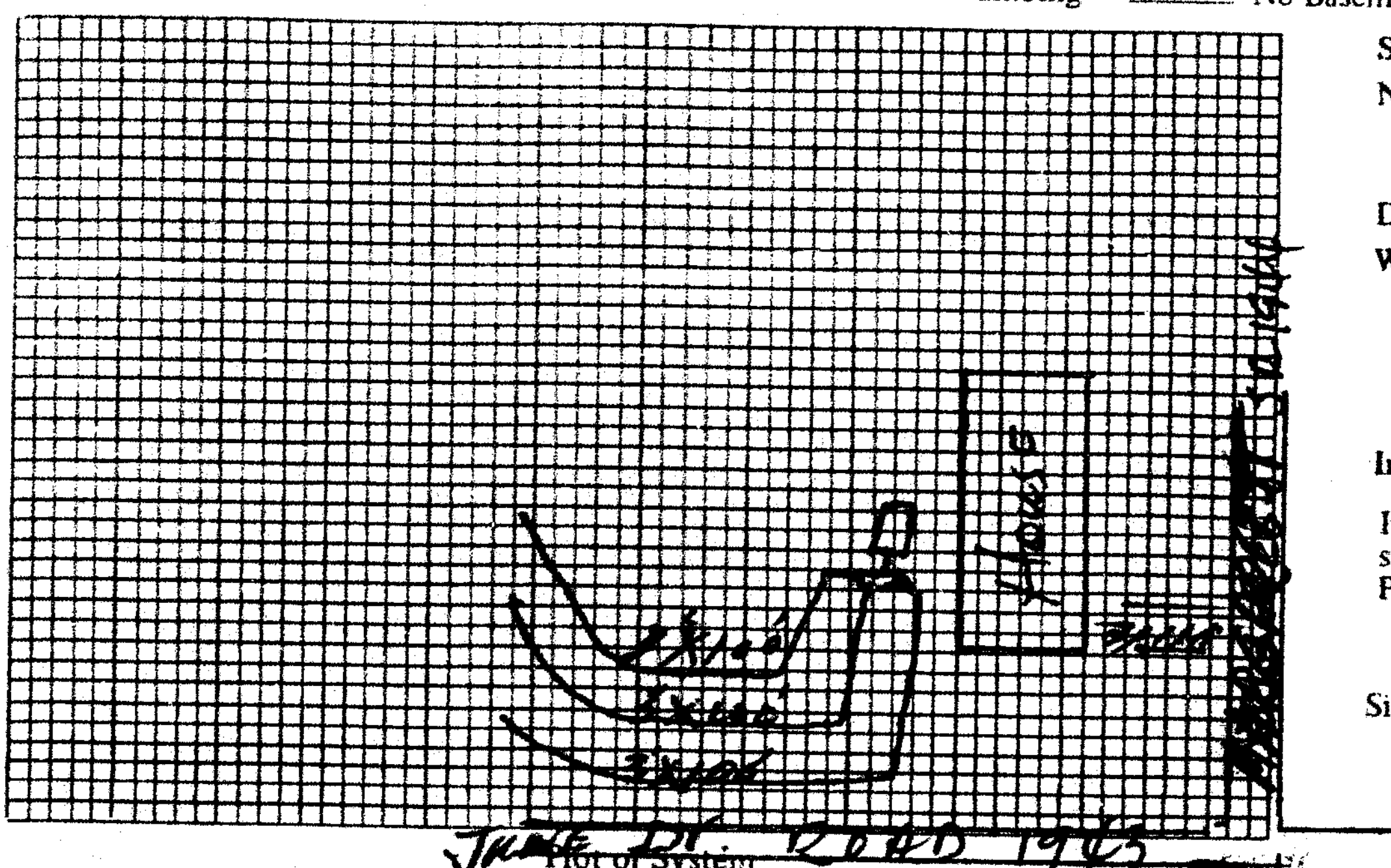
No. Bedrooms 3 No. Bathrooms 1½

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

Lot Area 20,000

Character & Porosity of Soil L7B2
Percolation Rate ______
Topography 2-6% slope
Depth to Water Table nil
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 3
Sq. Ft. 900 Linear Ft. 300
Depth of Stone in Lines 10"
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: ______

CERTIFICATE OF COMPLETION BY [illegible] DATE 5/5/81

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