8717

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 J. L. Hope DATE 8-2-88 PERMIT NO. _____

PHONE: Business _____ Home _____

LOCATION seven oaks Rd S. R. No. _____

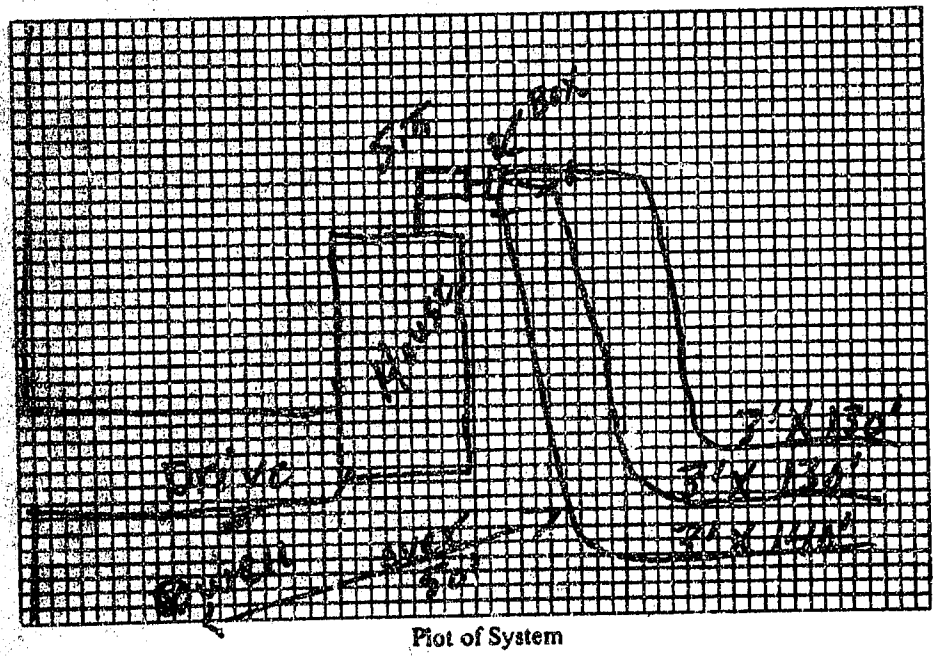
SUBDIVISION NAME Beaver Fms LOT NO. 35 SECTION OR BLOCK NO. _____

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

No. Bedrooms	3	No. Bathrooms	1½		
Garbage Disposal Unit	Yes ( )	No	(✓)	Character & Porosity of Soil	Clayey
Auto. Dishwasher	Yes ( )	No	(✓)	Percolation Rate	3 Sal/5g 18 Hour
Auto. Wash. Machine	Yes (✓)	No	( )	Topography	2 to 4%
Site Suitable	Yes (✓)	No	( )	Depth to Water Table	10'+
				Rock or other impervious formations	None

Lot Area 3/4 acre, 7/1 acre

_____ Basement with Plumbing _____ Basement without Plumbing _____ No Basement



Plot of System

Size of Tank 1000 Gals.

Nitrification Field:
No. of Lines 3
Sq. Ft. 1200 Linear Ft. 400
Depth of Stone in Lines 12"

Water Supply: Individual (✓)
Public ( )

Installed by Arnie Duncan

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

Signed: _____

IMPROVEMENTS PERMIT BY L. C. Moore

COMMENTS: _____

CERTIFICATE OF COMPLETION BY L. C. Moore DATE 8-2-88

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