07441

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 Kenneth Hope DATE 4-20-88 PERMIT NO. ____

PHONE: Business ____ Home ____

LOCATION 1705 TR on Beaver Brook Rd Past 1st St to Rt. 2nd lot on Rt S. R. No. ____

SUBDIVISION NAME Beaver Fm LOT NO. 45 SECTION OR BLOCK NO. ____

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 ( )

Character & Porosity of Soil Clayey

Percolation Rate 3

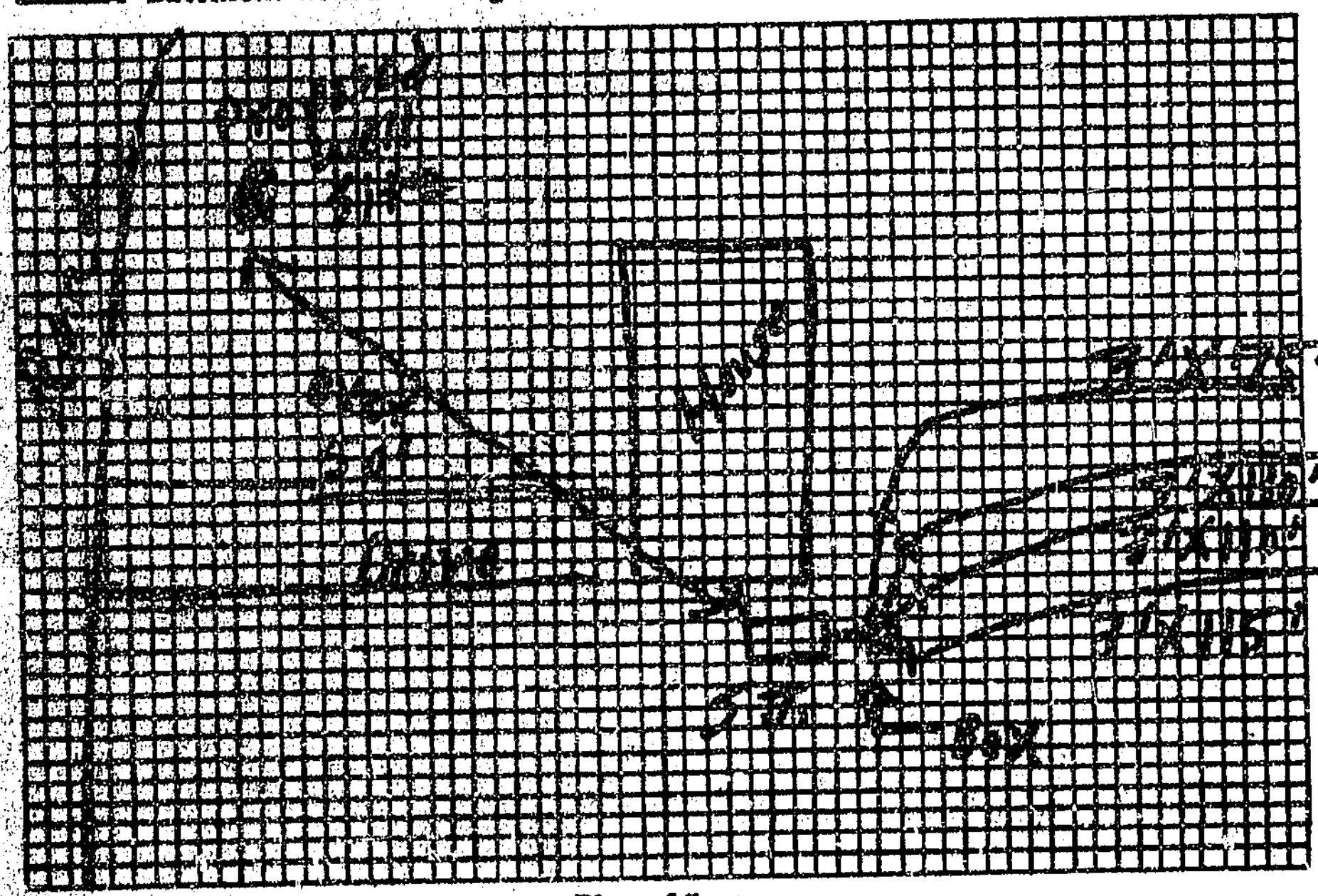
Topography 2 to 6%

Depth to Water Table 10'+

Rock or other impervious formations 36" to mottling

Lot Area 15000 SF'

____ Basement with Plumbing ____ Basement without Plumbing ____ No Basement



Plot of System

Size of Tank 1250 Gals.

Nitrification Field:

No. of Lines 4

Sq. Ft. 1230 Linear Ft. 410

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 J. C. Moore

COMMENTS: ____

CERTIFICATE OF COMPLETION BY J. C. Moore DATE ____

EXISTING SYSTEM CHECKED BY: ____ DATE 4-20-88

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