35492

IREDELL COUNTY HEALTH DEPARTMENT

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

10645

OWNER OR CONTRACTOR Kenneth Hope DATE 12-3-90 PERMIT NO 5401-H-12

PHONE: Business _____ Home _____

LOCATION Green Oaks S. R. No. _____

SUBDIVISION NAME Beaver Fm LOT NO. 78 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 ( )

Lot Area 3/4 AC

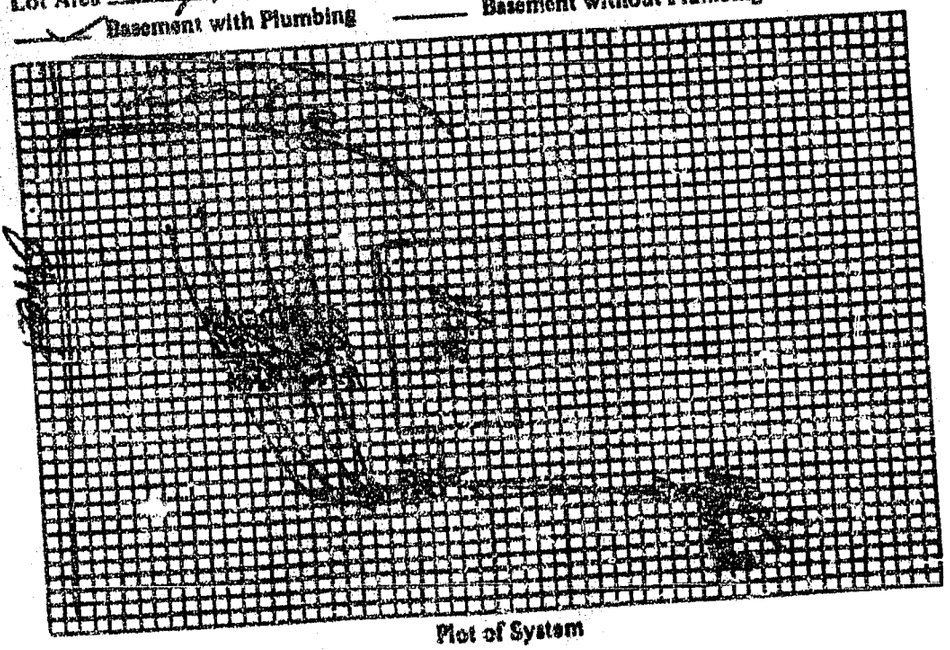
Character & Porosity of Soil Clayey
Percolation Rate 25 & 24
Topography Rolling
Depth to Water Table 48+
Rock or other impervious formations None

(✓) Basement with Plumbing ____ Basement without Plumbing ____ No Basement

Size of Tank 1000 Gals.

Nitrification Field:
No. of Lines 4
Sq. Ft. 320 Linear Ft. 330
Depth of Stone in Lines 12"

Water Supply: Individual (✓)
Public ( )



Plot of System

Installed by H Hope

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

Signed: _____

IMPROVEMENTS PERMIT BY JC Moore

COMMENTS: _____

DATE 12390

CERTIFICATE OF COMPLETION BY D Wilson DATE _____

EXISTING SYSTEM CHECKED BY: _____

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