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 Johnny Hope DATE 5-21-81 PERMIT NO. _____

PHONE: Business _____ Home _____

LOCATION Beauty St. S. R. No. _____

SUBDIVISION NAME Jan Joy LOT NO. 19 SECTION OR BLOCK NO. _____

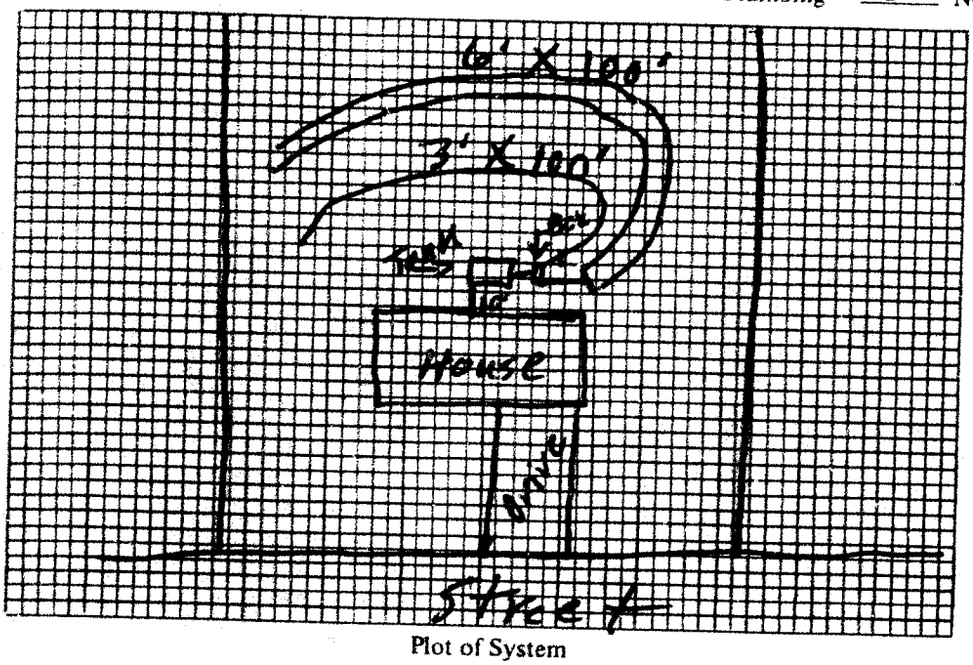
House (✓) Mobile Home ( ) Business ( ) Other _____

No. Bedrooms 3 No. Bathrooms 1½

Garbage Disposal Unit	Yes ( )	No (✓)	Character & Porosity of Soil	Cecil clay
Auto. Dishwasher	Yes ( )	No (✓)	Percolation Rate	15 gal 15' 1 day
Auto. Wash. Machine	Yes (✓)	No ( )	Topography	2 to 6% slope
Site Suitable	Yes (✓)	No ( )	Depth to Water Table	10 ft
			Rock or other impervious formations	none

Lot Area 18,000 Sq'

_____ 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 16"

Water Supply: Individual ( )
Public (✓)

Installed by Arnie Duncan Hope Brothers

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

Signed: _____

IMPROVEMENTS PERMIT BY J. C. moore

COMMENTS: landscape so that surface water will not stand over Tank or lines

CERTIFICATE OF COMPLETION BY J. C. moore DATE 5-21-81

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