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 Brothers DATE 2-9-83 PERMIT NO. _____

PHONE: Business _____ Home _____

LOCATION Beauty st. S. R. No. _____

SUBDIVISION NAME Jan Joy LOT NO. 14 SECTION OR BLOCK NO. _____

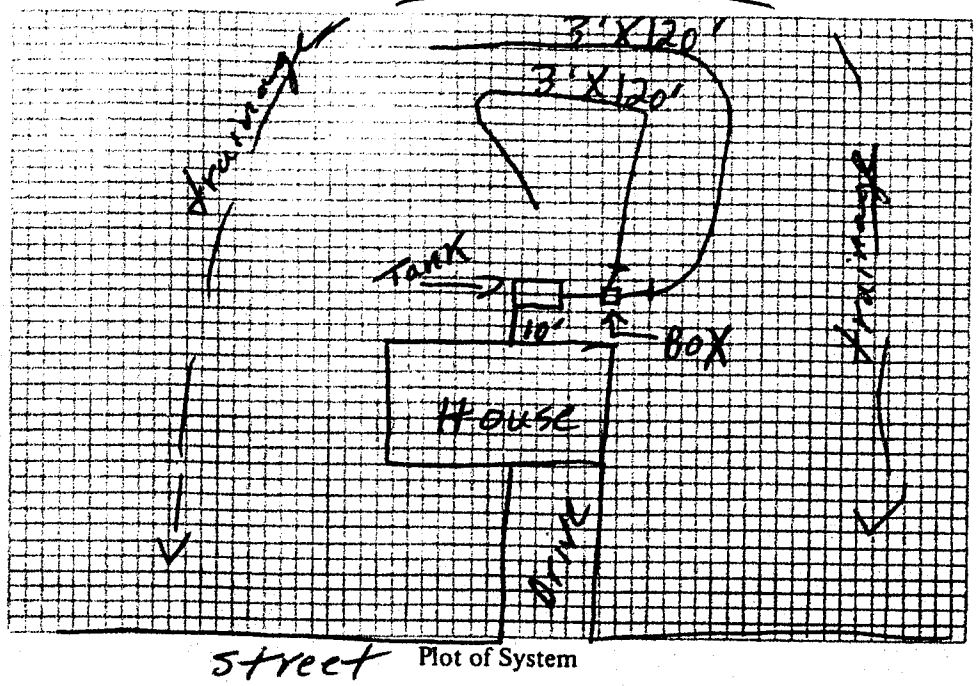
House (✓) Mobile Home ( ) Business ( ) Other _____

No. Bedrooms 3 No. Bathrooms 1 1/2

Garbage Disposal Unit	Yes ( )	No (✓)	Character & Porosity of Soil	Cecil Clay
Auto. Dishwasher	Yes ( )	No (✓)	Percolation Rate	.5 gal/ss' / Fair
Auto. Wash. Machine	Yes (✓)	No ( )	Topography	2 to 6%
Site Suitable	Yes (✓)	No ( )	Depth to Water Table	10'+
			Rock or other impervious formations	none

Lot Area 20,000 SF

_____ Basement with Plumbing _____ Basement without Plumbing _____ No Basement



Plot of System

Size of Tank 1000 Gals.

Nitrification Field:
No. of Lines 2
Sq. Ft. 720 Linear Ft. 240
Depth of Stone in Lines 12"

Water Supply: Individual ( )
Public (✓)

Hope Bros.
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: landscape so that surface water will not stand over tank or lines

CERTIFICATE OF COMPLETION BY L. C. Moore DATE 2-9-83
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