03169

# 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 Bros DATE 9-30-85 PERMIT NO. _____

PHONE: Business _____ Home _____

LOCATION 21 N TR on Belle meade Rd 1/4 mi on Rt

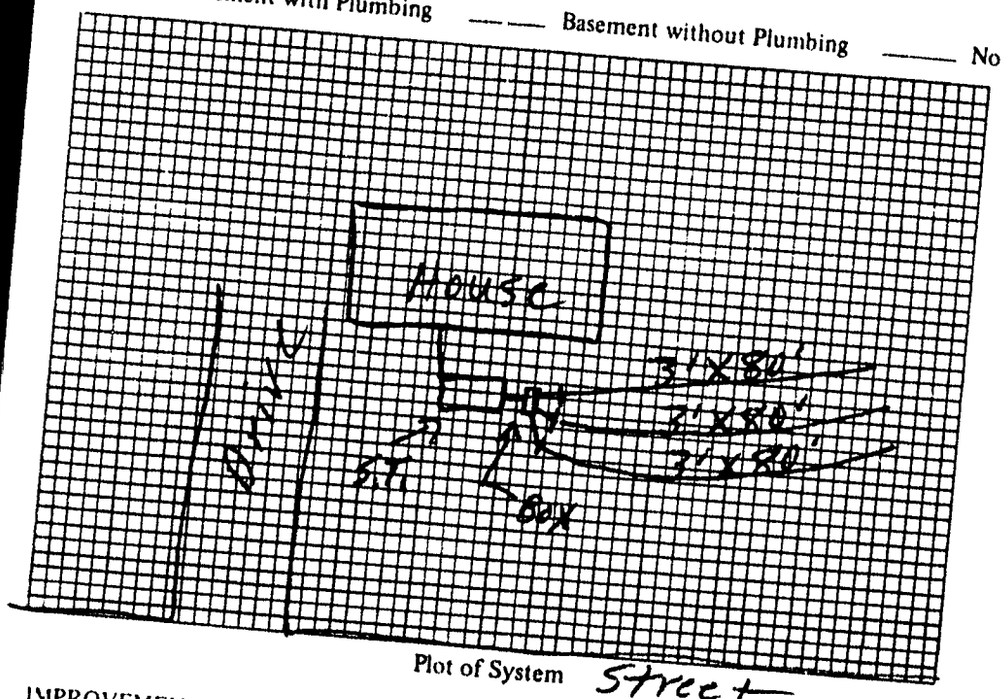
SUBDIVISION NAME Belle meade LOT NO. 5-10 S. R. No. _____ SECTION OR BLOCK NO. _____

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

No. Bedrooms 3 No. Bathrooms 2

| | | | |
|---|---|---|---|
| Garbage Disposal Unit | Yes ( ) | No (✓) | Character & Porosity of Soil Clay/loam |
| Auto. Dishwasher | Yes ( ) | No (✓) | Percolation Rate .5 gal/55'/day |
| Auto. Wash. Machine | Yes (✓) | No ( ) | Topography Level |
| Site Suitable | Yes (✓) | No ( ) | Depth to Water Table 10'+ |
| Lot Area 160'X 200' | | | Rock or other impervious formations none |

___ Basement with Plumbing ___ Basement without Plumbing ___ No Basement




Plot of System Street

Size of Tank 1000 Gals.

Nitrification Field:

No. of Lines 3

Sq. Ft. 720 Linear Ft. 240

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 R. C. Moore

COMMENTS: _____

CERTIFICATE OF COMPLETION BY _____ DATE _____

EXISTING SYSTEM CHECKED BY: R. C. Moore DATE 9-30-85

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