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 9-14-78 PERMIT NO. _____

PHONE: Business _____ Home _____

LOCATION 64 E TR on 2316 Bell Rd Then Cross Creek TR on 2514 1/4 mi on lest S. R. No. _____

SUBDIVISION NAME Bellwood LOT NO. 21 SECTION OR BLOCK NO. _____

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

No. Bedrooms 3 No. Bathrooms 2 1/2

Garbage Disposal Unit	Yes ( )	No (✓)
Auto. Dishwasher	Yes (✓)	No ( )
Auto. Wash. Machine	Yes (✓)	No ( )
Site Suitable	Yes (✓)	No ( )

Lot Area .9 acre

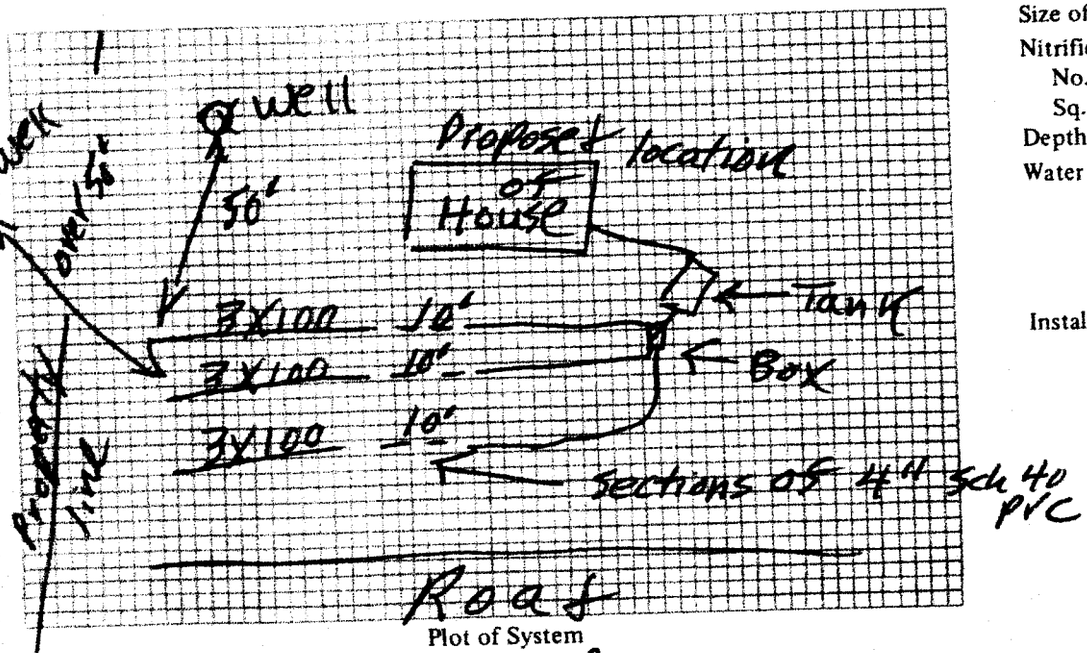
Character & Porosity of Soil gravely clay + rock Parent Material
Percolation Rate 60 min/in to 120 min
Topography 2% to 6% slope
Depth to Water Table 10' +
Rock or other impervious formations rock at first of system going into ccci clay

Size of Tank 1000 Gals.

Nitrification Field:
No. of Lines 3
Sq. Ft. 900 Linear Ft. 300
Depth of Stone in Lines 10"

Water Supply: Individual (✓)
Public ( )

Installed by _____



Plot of System

IMPROVEMENTS PERMIT BY L. C. Moore

COMMENTS: _____

CERTIFICATE OF COMPLETION BY L. C. Moore DATE 9-14-78

CONSTRUCTION MUST COMPLY WITH ALL OTHER APPLICABLE STATE AND LOCAL REGULATIONS.

Health Dept. Copy: White Inspection Dept. Copy: Yellow Sanitarian's Copy: Pink Owner's Copy: Gold