IREDELL COUNTY HEALTH DEPARTMENT

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

REPAIR

OWNER OR CONTRACTOR STEVE HOPKINS DATE 3/23/92 PERMIT NO. REPAIR

PHONE: Business _____ Home _____

LOCATION NC 115 N, ON (L) JUST ACROSS FROM FRIENDSHIP CHURCH ROAD. S. R. No. _____

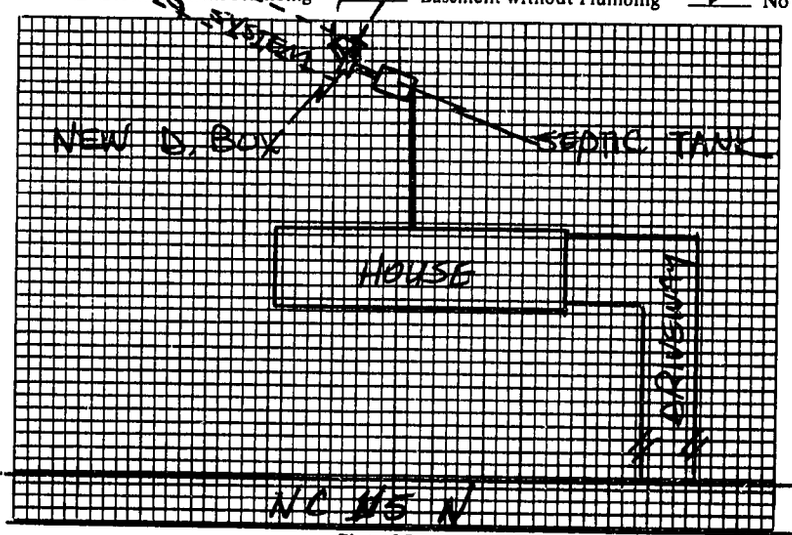
SUBDIVISION NAME _____ LOT NO. _____ SECTION OR BLOCK NO. _____

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

No. Bedrooms 3 No. Bathrooms 2

Garbage Disposal Unit	Yes (✓)	No ( )	Character & Porosity of Soil PS
Auto. Dishwasher	Yes (✓)	No ( )	Percolation Rate .35 GPD/FT²
Auto. Wash. Machine	Yes (✓)	No ( )	Topography 4-6% HS
Site Suitable	Yes (✓)	No ( )	Depth to Water Table >4'
Lot Area AMPLE			Rock or other impervious formations NONE

_____ Basement with Plumbing _____ Basement without Plumbing ✓ No Basement



Plot of System

Size of Tank EXISTING Gals.
Nitrification Field:
No. of Lines 2
Sq. Ft. 600 Linear Ft. 200
Depth of Stone in Lines 12"
Water Supply: Individual (✓) WELL
Public ( )

Installed by A-1 BACKHOE

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

Signed: _____

IMPROVEMENTS PERMIT BY STEVE HEDRICK

COMMENTS: REDIRECT GUTTERS AROUND SEPTIC SYSTEM LINES.

FRIENDSHIP CHURCH ROAD

CERTIFICATE OF COMPLETION BY STEVE HEDRICK DATE 3/23/92

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