24362

10087.

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 11-12-89 PERMIT NO. 014

PHONE: Business_____ Home_____

LOCATION Off Westminister Drive.

S. R. No._____

SUBDIVISION NAME Westover Dev. LOT NO. 35 SECTION OR BLOCK NO._____

House (✓) Mobile Home ( ) Business ( ) Other_____

No. Bedrooms 3 No. Bathrooms 1 ½ Character & Porosity of Soil Red Sandy Clay

Garbage Disposal Unit Yes ( ) No (✓) Percolation Rate 30 M.P.I.

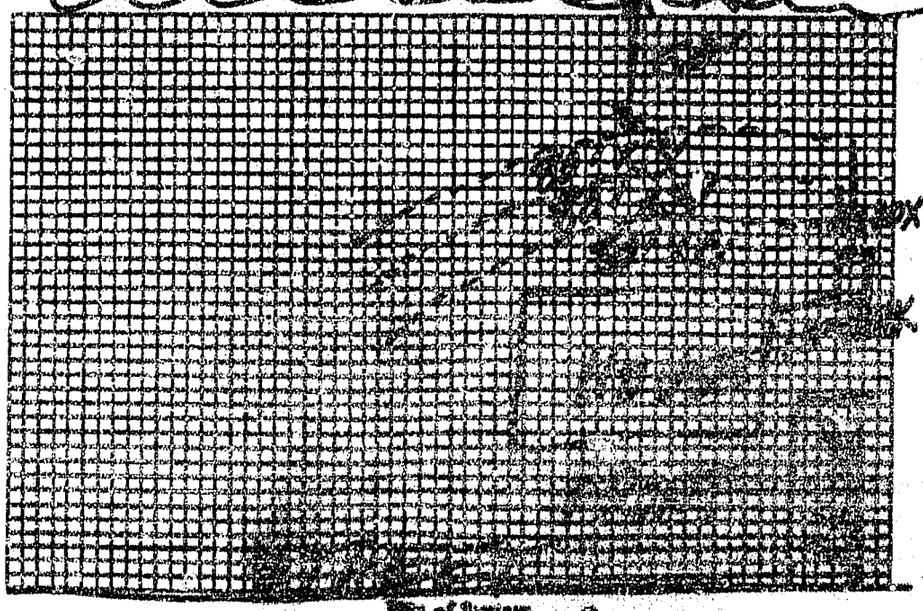
Auto. Dishwasher Yes ( ) No (✓) Topography Gently Sloping

Auto. Wash. Machine Yes (✓) No ( ) Depth to Water Table 12'

Site Suitable Yes (✓) No ( ) Rock or other impervious formations None observed.

Lot Area Large.

____ Basement with Plumbing ____ Basement without Plumbing ____ No Basement



Size of Tank 1000 Gals.

Nitrification Field:

No. of Lins 3

Sq. Ft. 720 Linear Ft. 240

Depth of Stone in Lines 12"

Water Supply: Individual ( )

Public (✓)

Installed by Hope Bros.

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

Signed: _____

Plot of System

IMPROVEMENTS PERMIT BY [signature]

COMMENTS: _____

CERTIFICATE OF COMPLETION BY [signature] DATE 11-10-91

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