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 James Sloan DATE 1/9/78 PERMIT NO. _____

PHONE: Business _____ Home _____

LOCATION Crestridge Drive. House on Unnamed Strut just beyond Well site on L. S. R. No. _____

SUBDIVISION NAME Westover Addition LOT NO. 18-19-20 SECTION OR BLOCK NO. _____

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

No. Bedrooms 3 No. Bathrooms 2

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

Character & Porosity of Soil Prov Suitable

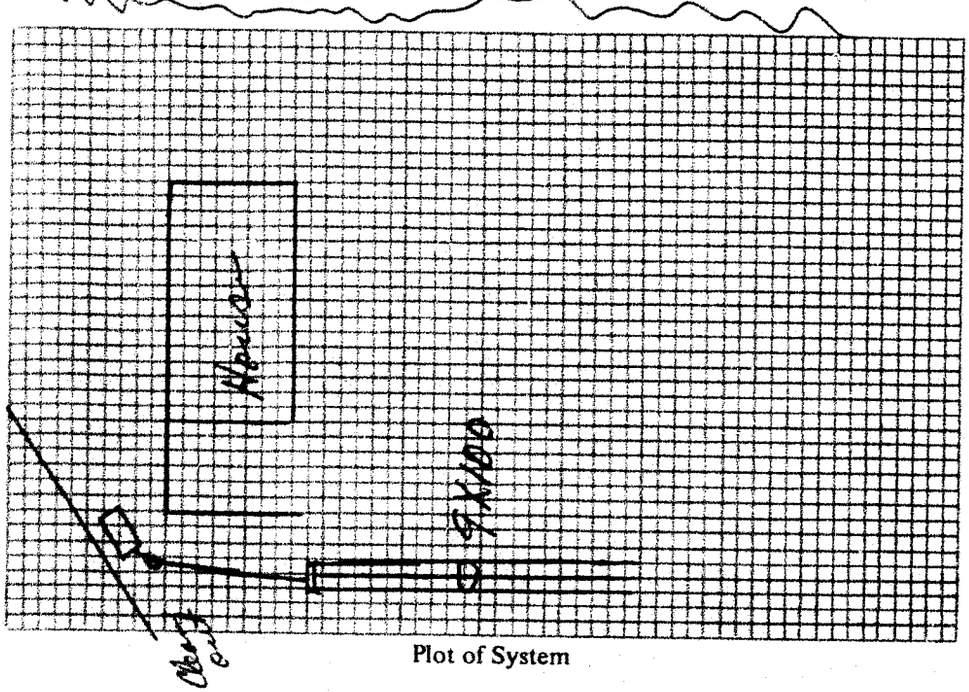
Percolation Rate _____

Topography Slope to Stream

Depth to Water Table _____

Rock or other impervious formations None

Lot Area 26,000 sq ft +



Plot of System

Size of Tank ~~1000~~ 1500 Gals.

Nitrification Field:
No. of Lines 3
Sq. Ft. 900 Linear Ft. 300
Depth of Stone in Lines 16"

Water Supply: Individual ( )
Public (✓)

Installed by Self.

IMPROVEMENTS PERMIT BY _____

COMMENTS: Extra dirt to be filled in over end of line
Dirt to be tamped in over step down.

CERTIFICATE OF COMPLETION BY E. A. Stevenson DATE 1/9/78

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