07699

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 TRI-SOUTH CONST. DATE 3-1-88. PERMIT NO. _____

PHONE: Business _____ Home _____ S. R. No. _____

LOCATION Enter Westover Dev. - stay straight - go down hill around curve - go to top of hill - T.R. on left st. - 163 yards on R

SUBDIVISION NAME WESTOVER DEV. LOT NO. 119 SECTION OR BLOCK NO. _____

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

No. Bedrooms 3 No. Bathrooms 2 Character & Porosity of Soil Prev. Suitable

Garbage Disposal Unit Yes ( ) No (✓) Percolation Rate 1 gal. per sq. ft.

Auto. Dishwasher Yes (✓) No ( ) Topography 2-10% slope

Auto. Wash. Machine Yes (✓) No ( ) Depth to Water Table 18+

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

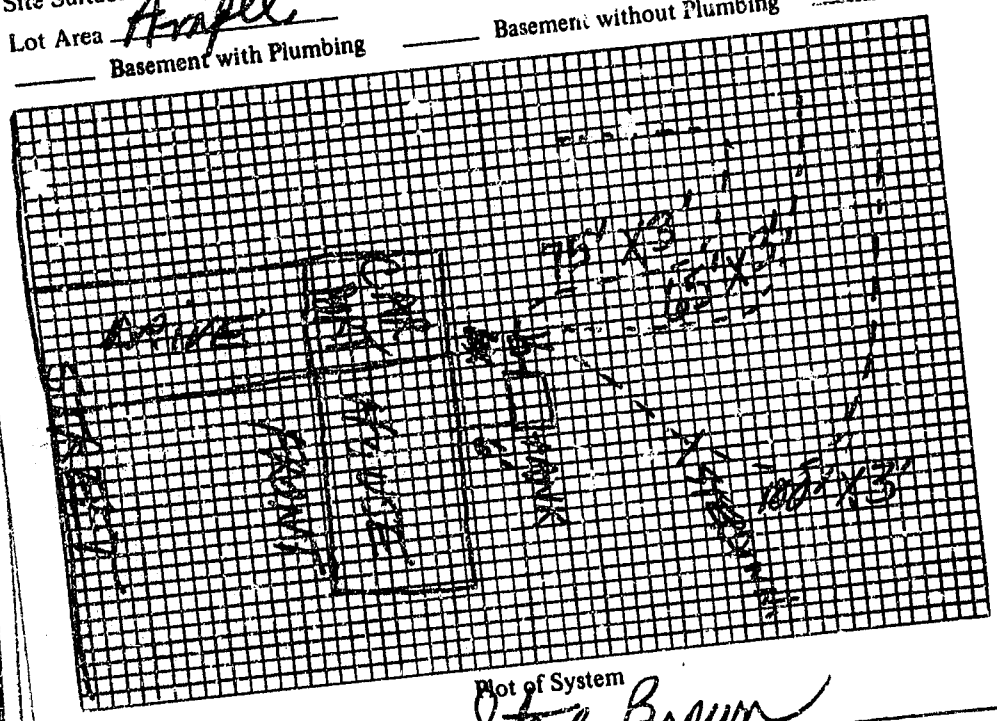
Lot Area Angle

_____ Basement with Plumbing _____ Basement without Plumbing ✓ No Basement

Size of Tank 1000 Gals.

Nitrification Field:
No. of Lines 3
Sq. Ft. 120 Linear Ft. 240
Depth of Stone in Lines 12"

Water Supply: Individual ( )
Public (✓)



Plot of System

Installed by Forest Stafford

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

Signed: _____

IMPROVEMENTS PERMIT BY Steve Brown

COMMENTS: _____

CERTIFICATE OF COMPLETION BY Steve Brown DATE 3-1-88.

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