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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 J. L. HOPE DATE 5-9-90 PERMIT NO. 91-2-A-109

PHONE: Business _____ Home _____

LOCATION Exit 36 west of Statesville to Westmoreland Dr. - go down hill turn around curve - T.R. on 1st st. - 1st house on left. S. R. No. _____

SUBDIVISION NAME WESTOVER DEV. LOT NO. 109 SECTION OR BLOCK NO. _____

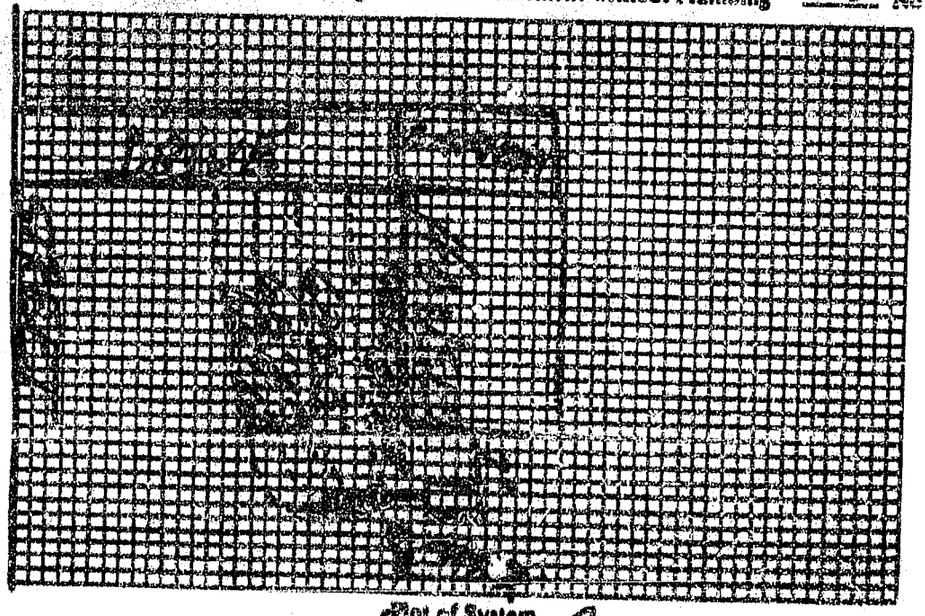
House ( ) Mobile Home ( ) Business ( ) Other _____

No. Bedrooms 3 No. Bathrooms 1.5

Garbage Disposal Unit Yes ( ) No ( )
Auto. Dishwasher Yes ( ) No ( )
Auto. Wash. Machine Yes ( ) No ( )
Site Suitable Yes ( ) No ( )
Lot Area 1 acre

Character & Porosity of Soil Poor Suitable.
Percolation Rate 36 mpi
Topography 2-6%
Depth to Water Table 18"
Rock or other Impervious formations Rock encountered.

_____ Basement with Plumbing _____ Basement without Plumbing ✓ No Basement



Plot of System

Size of Tank 1000 Gals.
Nitrification Field: ll
No. of Lines 4
Sq. Ft. 750 Linear Ft. 340
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: _____

IMPROVEMENTS PERMIT BY Steve Brown

COMMENTS: _____

CERTIFICATE OF COMPLETION BY Steve Brown DATE 5-7-90

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