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 Byron DeVore DATE 9/19/78 PERMIT NO. _____

PHONE: Business _____ Home _____

LOCATION _____

S. R. No. _____

SUBDIVISION NAME Westover Addition LOT NO. 90 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 ( )	

Lot Area 17 000 sq ft ?

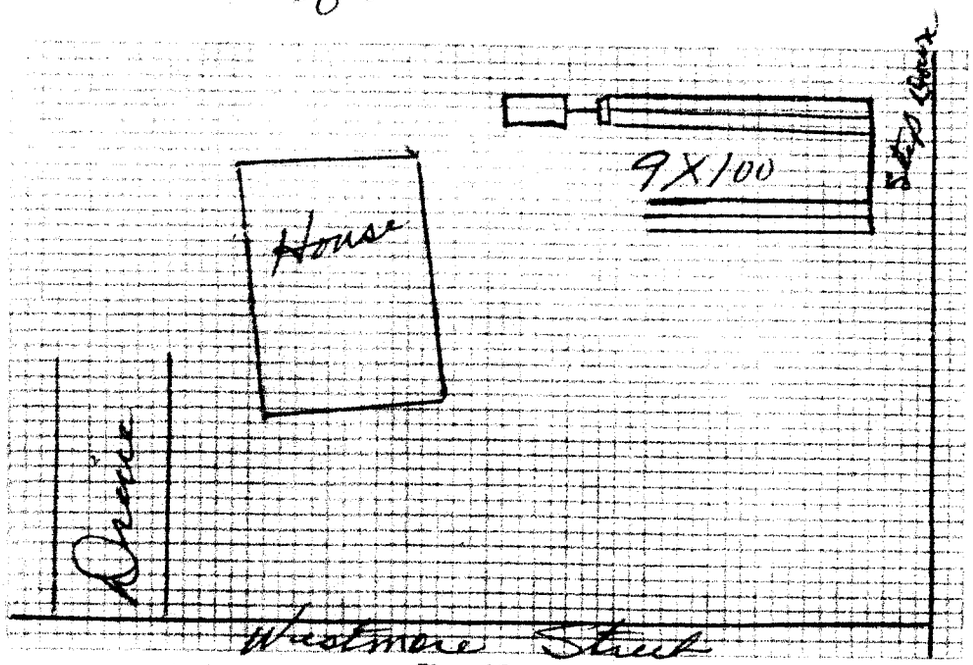
Character & Porosity of Soil L. m. E. 2

Percolation Rate _____

Topography Steep Slope

Depth to Water Table Low

Rock or other impervious formations None



Plot of System

Size of Tank 1000 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 Hoke Septic Tank Co

IMPROVEMENTS PERMIT BY _____

COMMENTS: Water from back of lot needs to be diverted away from Tank + line

CERTIFICATE OF COMPLETION BY E. A. Stutesman DATE 9/14/78

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