CITY OF STATESVILLE.

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. BUILDERS DATE 10-30-90 PERMIT NO 8L-2-A-43.

PHONE: Business _____ Home _____

LOCATION Exit Westover Dev. on left-turn Rt.-stay straight on paved part Sand-T.R. on left Rt.-300 yards on left. S. R. No. _____

SUBDIVISION NAME WESTOVER DEV. LOT NO. 43 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 Ample.

Character & Porosity of Soil Prev. Suitable.

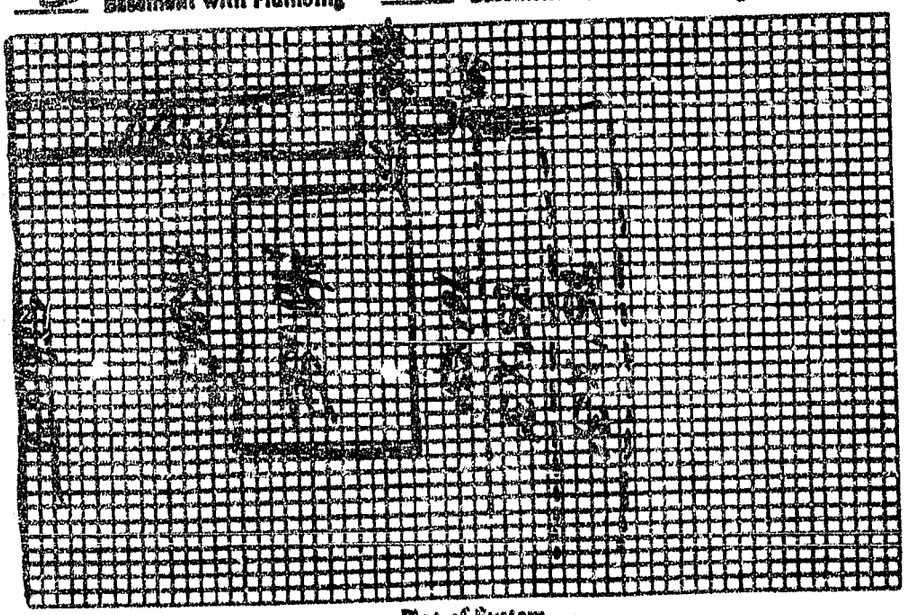
Percolation Rate 5 min. 1 in.

Topography Gently

Depth to Water Table 10'+

Rock or other impervious formations None observed.

(✓) Basement with Plumbing ____ Basement without Plumbing ____ No Basement



Plot of System

Size of Tank 1000 Gals.

Nitrification Field:

No. of Lines 3

Sq. Ft. 420 Linear Ft. 140

Depth of Stone in Lines 22"

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 Braun

COMMENTS: _____

CERTIFICATE OF COMPLETION BY Steve Braun DATE 10-30-90.

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