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 2-16-89 PERMIT NO. 100.

PHONE: Business _____ Home _____

LOCATION Extra Mile Area Dev. of Westminster Dev. - Start Hackler Rd. Flint Dr.

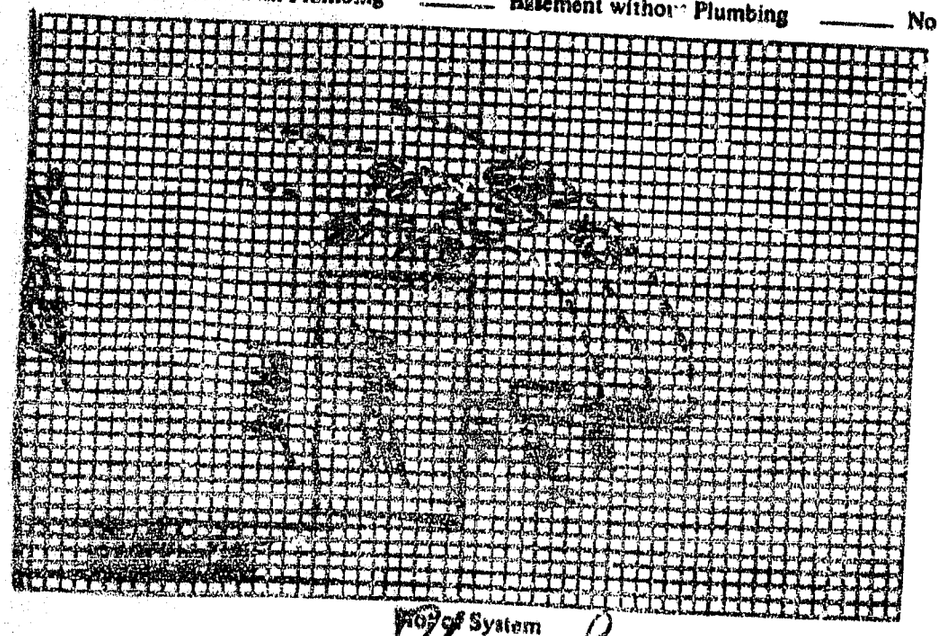
SUBDIVISION NAME WESTOVER DEV. LOT NO. 45 S. R. No. _____ SECTION OR BLOCK NO. _____

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

No. Bedrooms 3 No. Bathrooms 1.5

Garbage Disposal Unit	Yes ( )	No (✓)	Character & Porosity of Soil Poor Suitable.
Auto. Dishwasher	Yes ( )	No (✓)	Percolation Rate Sat. 1pg ft.
Auto. Wash. Machine	Yes (✓)	No ( )	Topography 2-5%
Site Suitable	Yes (✓)	No ( )	Depth to Water Table 12+
Lot Area Ample			Rock or other impervious formations None observed.

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



Plan of System

Size of Tank 1000 Gals.

Nitrification Field:
No. of Lines 3
Sq. Ft. 720 Lineal Ft. 240
Depth of Stone in Lines Low

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 Edward Brown

COMMENTS: _____

CERTIFICATE OF COMPLETION BY: Edward Brown

EXISTING SYSTEM CHECKED BY: _____ DATE 2-16-89

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