# IREDELL COUNTY HEALTH DEPARTMENT

## (SEPTIC TANK) IMPROVEMENTS PERMIT AND CERTIFICATE OF COMPLETION
(Ground Absorption Sewage Disposal System -- G. S. Chapter 130-Article 13C)

(City of Statesville)

OWNER OR CONTRACTOR Hope Brothers DATE 9/18/85 PERMIT NO. 19 CAC

PHONE: Business _____ Home _____

LOCATION 64-70 Br to Westminster Dr. - TR so to Westown Drive house on backside of new dev. - Driftwood Sub.

SUBDIVISION NAME Westown LOT NO. #123 SECTION OR BLOCK NO. _____ S. R. No. _____

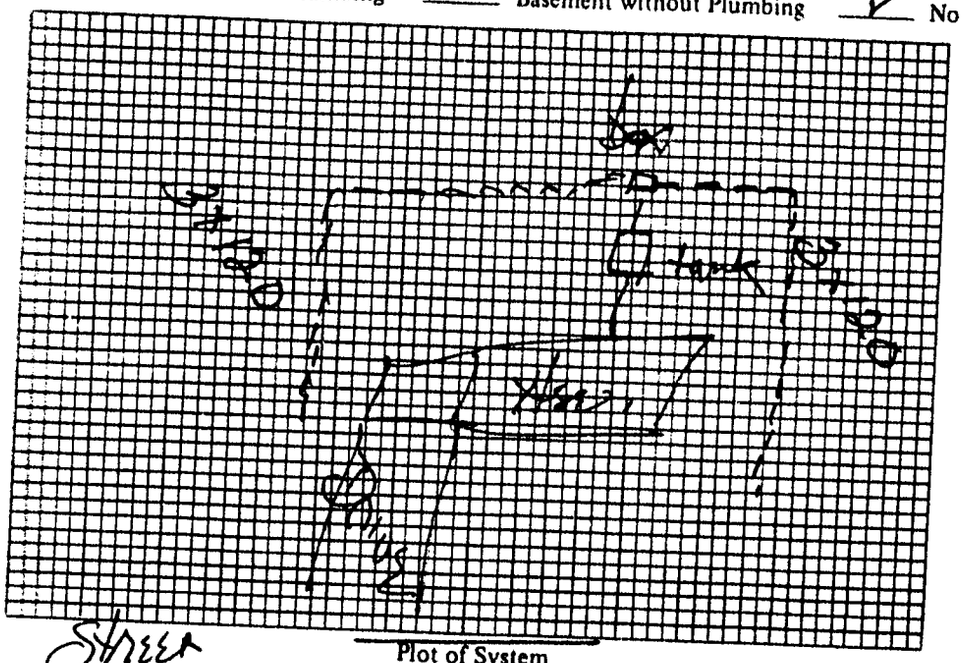
House (✓) Mobile Home ( ) Business ( ) Other _____

No. Bedrooms 3 No. Bathrooms 1.5

| | | | |
|---|---|---|---|
| Garbage Disposal Unit | Yes ( ) | No (✓) | Character & Porosity of Soil _____ |
| Auto. Dishwasher | Yes ( ) | No (✓) | Percolation Rate _____ |
| Auto. Wash. Machine | Yes (✓) | No ( ) | Topography _____ |
| Site Suitable | Yes (✓) | No ( ) | Depth to Water Table _____ |
| | | | Rock or other impervious formations _____ |

Lot Area 115X157

_____ Basement with Plumbing _____ Basement without Plumbing ✓ No Basement




Plot of System

Size of Tank 1000 Gals.

Nitrification Field:
No. of Lines 2
Sq. Ft. 120 Linear Ft. 240
Depth of Stone in Lines 12"

Water Supply: Individual ( )
Public (✓)

Installed by _____

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 Charles F. Gindler, REHS DATE 9/18/85

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