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 4-14-88. PERMIT NO. _____

PHONE: Business _____ Home _____

LOCATION Backside of dev. is new addition - off Westminster Dr. S. R. No. _____

SUBDIVISION NAME Westover Dev. LOT NO. A-101 SECTION OR BLOCK NO. _____

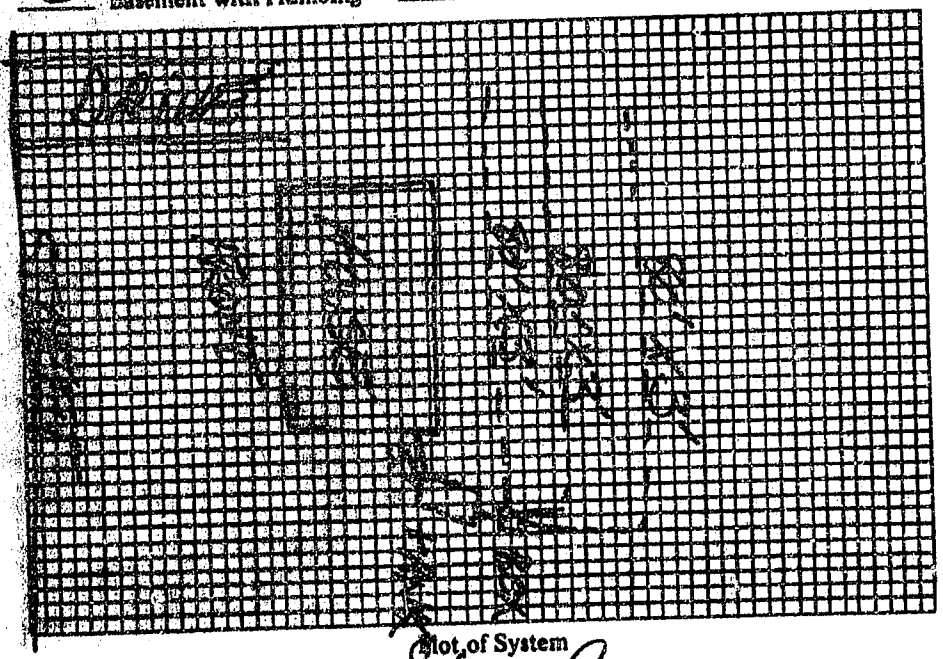
House (✓) Mobile Home ( ) Business ( ) Other _____

No. Bedrooms 3 No. Bathrooms 1.5

| | | | | |
|---|---|---|---|---|
| Garbage Disposal Unit | Yes ( ) | No (✓) | Character & Porosity of Soil | Appr. Suitable |
| Auto. Dishwasher | Yes (✓) | No ( ) | Percolation Rate | 2 to 5 Min. |
| Auto. Wash. Machine | Yes (✓) | No ( ) | Topography | Level |
| Site Suitable | Yes (✓) | No ( ) | Depth to Water Table | 10' + |
| | | | Rock or other impervious formations | none observed. |

Lot Area 100' x 164'

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



Plot of System

Size of Tank 1000 Gals.

Nitrification Field:
No. of Lines 3
Sq. Ft. 720 Linear Ft. 240
Depth of Stone in Lines 12"

Water Supply: Individual ( )
Public (✓)

Hope Bros.

Installed by Arnie Duncan

I understand and agree to install septic tank system as specified on this Improvements Permit.

Signed: _____

IMPROVEMENTS PERMIT BY Steve Brown

COMMENTS: Pipe off downspouts away from S.T. system.

CERTIFICATE OF COMPLETION BY Steve Brown DATE 4-14-88.

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