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 Dawson DATE 10 Sept 76 PERMIT NO. _____

PHONE: Business _____ Home _____

LOCATION _____

S. R. No. _____

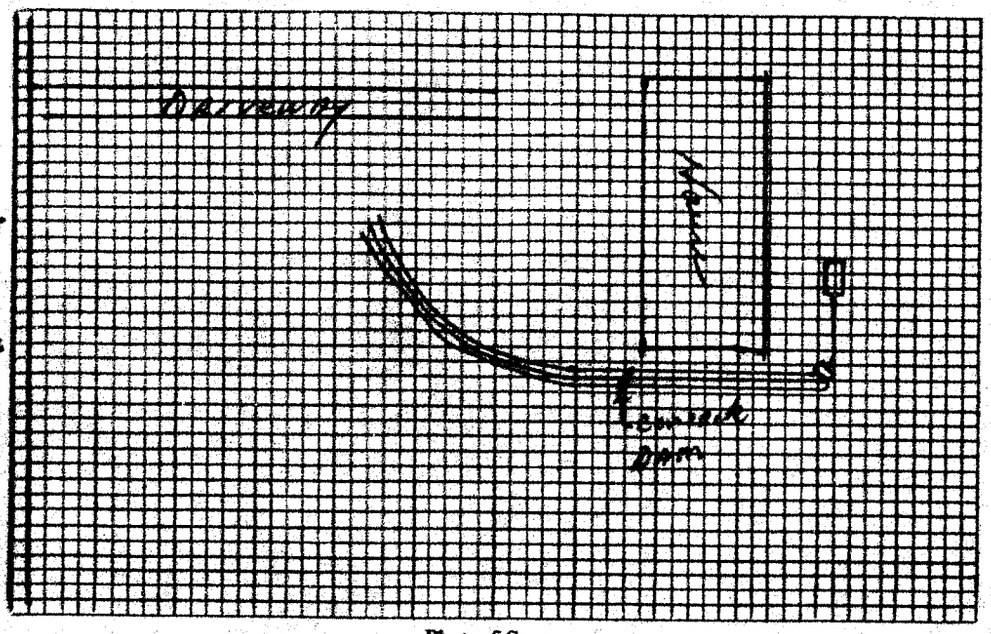
SUBDIVISION NAME Westover LOT NO. #7 SECTION OR BLOCK NO. _____

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

No. Bedrooms 3 No. Bathrooms 1½

Garbage Disposal Unit	Yes ( )	No (✓)	Character & Porosity of Soil	Sandy Clay	
Auto. Dishwasher	Yes (✓)	No ( )	Percolation Rate	Sat. drains in 1 hr.	
Auto. Wash. Machine	Yes (✓)	No ( )	Topography	2-6 & Slope	
Site Suitable	Yes (✓)	No ( )	Depth to Water Table	ok	
			Rock or other impervious formations	ok	

Lot Area 115' X 152'



Plot of System

Size of Tank 1000 Gals.

Nitrification Field:
No. of Lines 3
Sq. Ft. 750 Linear Ft. 300
Depth of Stone in Lines 10"

Water Supply: Individual (●)
Public (✓)

Installed by Tommie Dawson

IMPROVEMENTS PERMIT BY _____

COMMENTS: Too much fill - Dam installed - correct Dam.

CERTIFICATE OF COMPLETION BY [illegible] DATE 10 Sept 76

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