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 Bro DATE 5-28-76 PERMIT NO. _____

PHONE: Business _____ Home _____

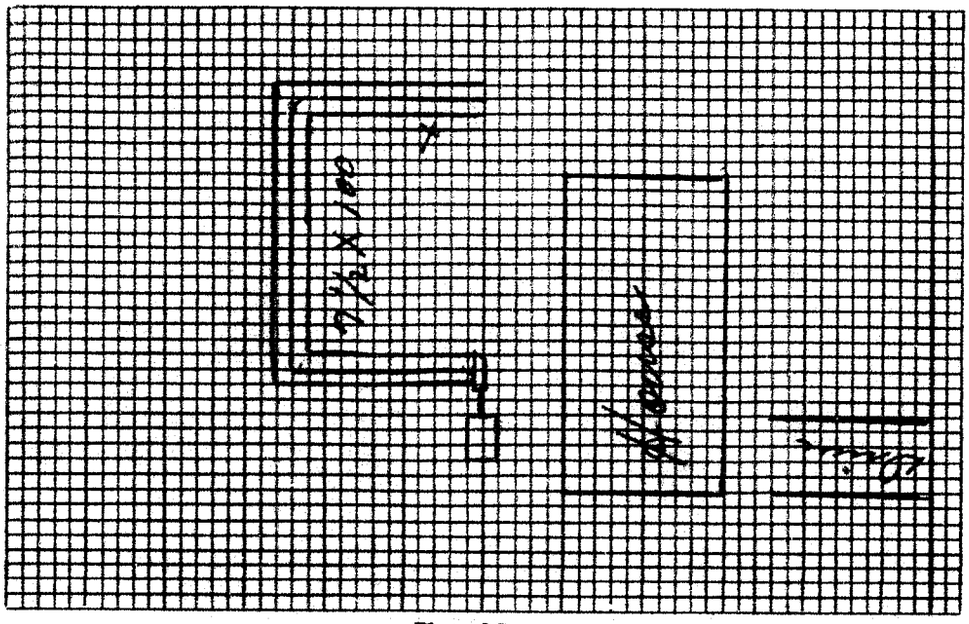
LOCATION Westover Extention
House on L S. R. No. _____

SUBDIVISION NAME Westover Extention LOT NO. 6 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 15,000 Sq ft

Character & Porosity of Soil Red Clay
Percolation Rate _____
Topography Slope to West side
Depth to Water Table Low
Rock or other impervious formations None



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 Hope Bro

IMPROVEMENTS PERMIT BY _____

COMMENTS: Not installed as specified on improvements Permit. Lines are deep!

CERTIFICATE OF COMPLETION BY E. G. Stevenson DATE 5-28-76

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