## 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 8-26-75 PERMIT NO. _____

PHONE: Business _____ Home _____

LOCATION Westown Sub-Division

S. R. No. _____

SUBDIVISION NAME _____ LOT NO. 14 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

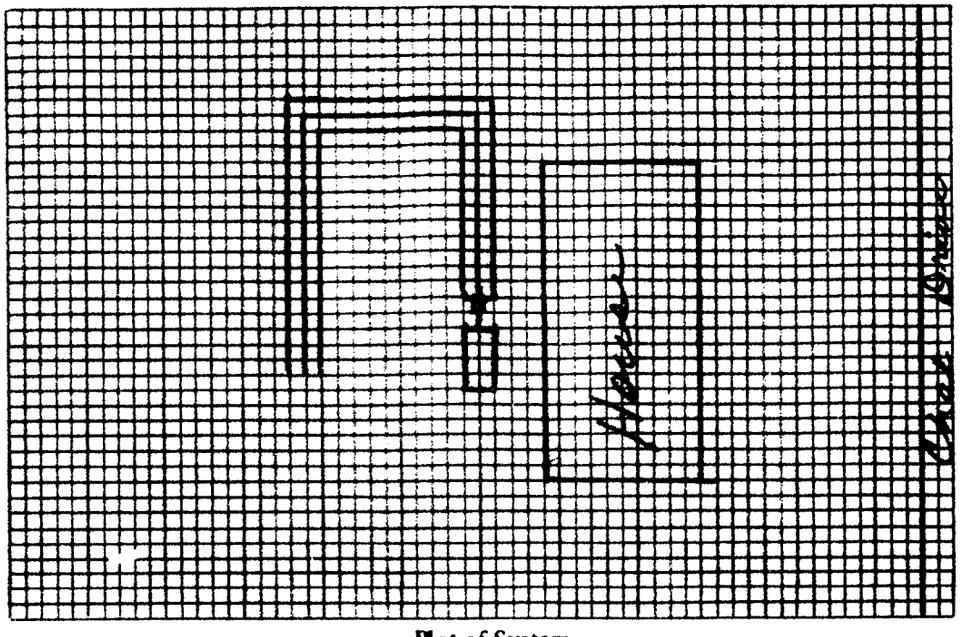
Character & Porosity of Soil Red Clay

Percolation Rate _____

Topography Slight Slope to back

Depth to Water Table _____

Rock or other impervious formations _____




Plot of System

Size of Tank 1000 Gals.

Nitrification Field:
No. of Lines 3
Sq. Ft. 900 Linear Ft. 330
Depth of Stone in Lines 10"

Water Supply: Individual ( )
Public (✓)

Installed by Hope Bro

IMPROVEMENTS PERMIT BY _____

COMMENTS: Surface water should be diverted away from Tank & Lines

CERTIFICATE OF COMPLETION BY E. A. Stevenson DATE 8-26-75

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