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. DATE 7-10-86. PERMIT NO. _____

PHONE: Business _____ Home _____

LOCATION Westminster Dr. off 64-70 west-T.L. into Westover Dev.-T.R. on 1st dirt st.-go to forks-bear ⓒ-½ mi. on left. S. R. No. _____

SUBDIVISION NAME WESTOVER DEV. LOT NO. A-78 SECTION OR BLOCK NO. _____

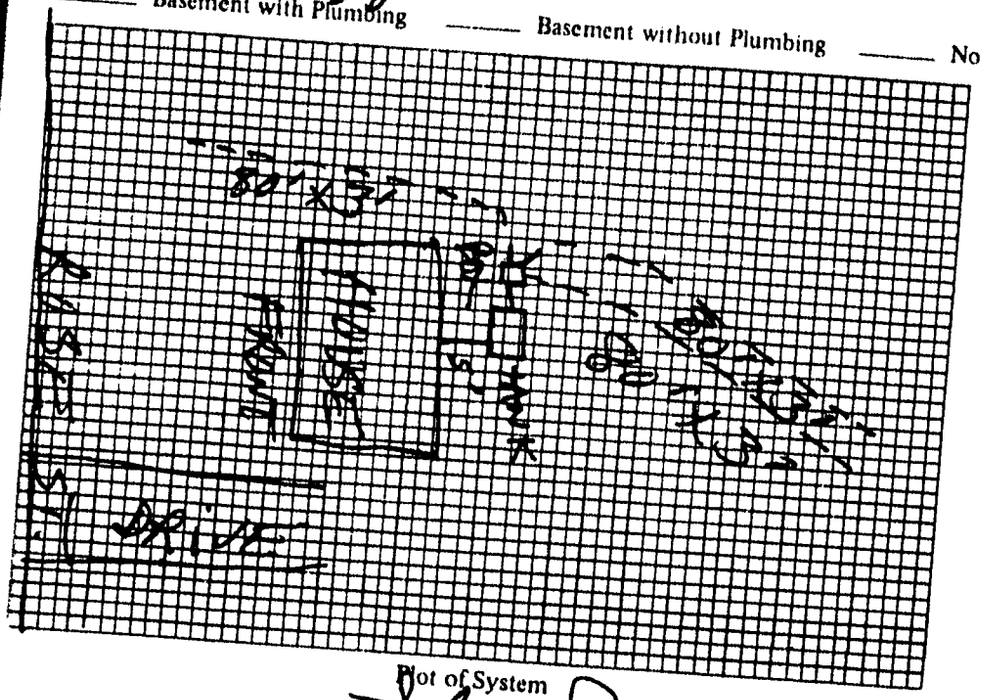
House (✓) Mobile Home ( ) Business ( ) Other _____

No. Bedrooms 3 No. Bathrooms 1.5

Garbage Disposal Unit	Yes ( )	No (✓)	Character & Porosity of Soil Prov. Suitable.
Auto. Dishwasher	Yes ( )	No (✓)	Percolation Rate 5 Min/sq. ft.
Auto. Wash. Machine	Yes (✓)	No ( )	Topography 2
Site Suitable	Yes (✓)	No ( )	Depth to Water Table 10'+

Lot Area 15,000 sq. ft. Rock or other impervious formations none observed.

(✓) 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 (✓)

Installed by Hope Bros.

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

Signed: _____

IMPROVEMENTS PERMIT BY Steve Brown DATE 7-10-86.

COMMENTS: Do not drive or park over S.T. system.

CERTIFICATE OF COMPLETION BY _____ DATE _____

EXISTING SYSTEM CHECKED BY: Steve Brown DATE 7-10-86.

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