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 5-21-76 PERMIT NO. _____

PHONE: Business _____ Home _____

LOCATION Westover Addition
Crestridge Drive S. R. No. _____

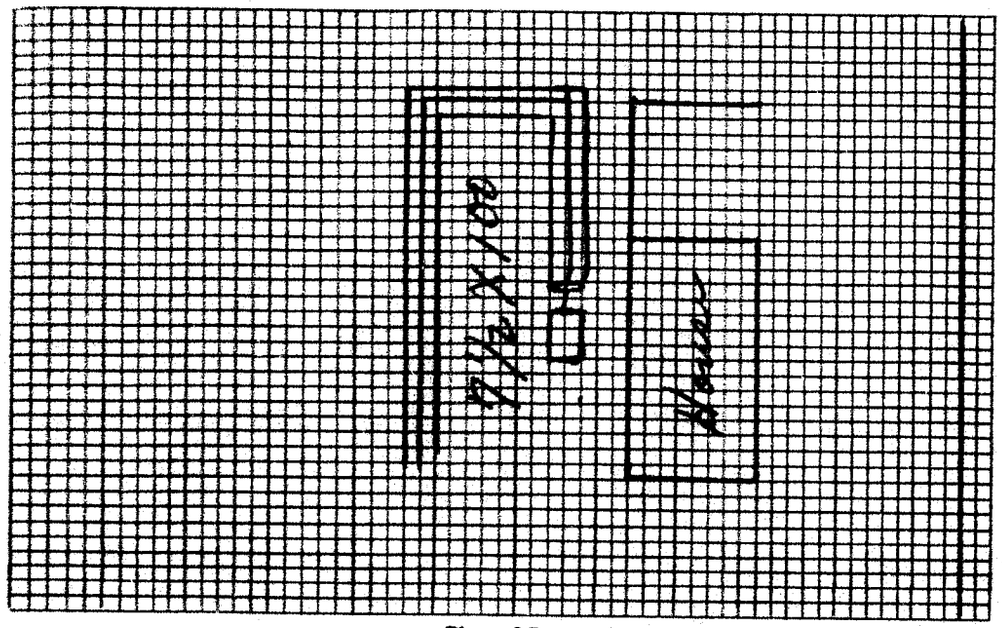
SUBDIVISION NAME _____ LOT NO. 47 SECTION OR BLOCK NO. _____

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

No. Bedrooms 3 No. Bathrooms 2

Garbage Disposal Unit	Yes ( )	No (✓)	Character & Porosity of Soil	Cecil Clay
Auto. Dishwasher	Yes ( )	No (✓)	Percolation Rate	
Auto. Wash. Machine	Yes (✓)	No ( )	Topography	Slight Slope Low
Site Suitable	Yes (✓)	No ( )	Depth to Water Table	
			Rock or other impervious formations	None

Lot Area 15 000 Sq ft.



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: This system was not put in as laid out. Lines are deepest near end.

CERTIFICATE OF COMPLETION BY E. A. Stevenson DATE 5-21-76

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