Jeff Horne
Seder

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 James Lilley DATE May 15 1974 PERMIT NO. _____

PHONE: Business _____ Home _____

LOCATION last house on Farmer Ave on Left R.

S. R. No. _____

SUBDIVISION NAME Westover Ext. LOT NO. 38 SECTION OR BLOCK NO. _____

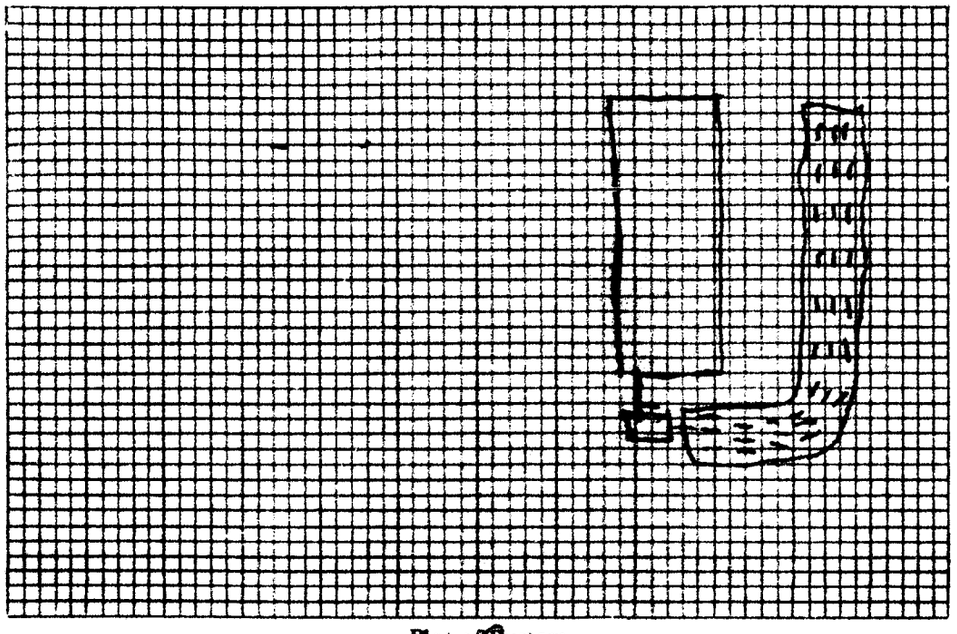
House ( ) Mobile Home ( ) Business ( ) Other _____

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 _____

Character & Porosity of Soil Good
Percolation Rate _____
Topography _____
Depth to Water Table None
Rock or other impervious formations None



Plot of System

Size of Tank 1000 Gals.
Nitrification Field:
No. of Lines 3
Sq. Ft. 900 Linear Ft. 300
Depth of Stone in Lines 10"
Water Supply: Individual ( )
Public (✓)

Installed by Alexander Septic Tank Co

IMPROVEMENTS PERMIT BY Stevenson

COMMENTS: _____

CERTIFICATE OF COMPLETION BY Rollin W Johnson RS DATE May 15 1974

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