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. Builders DATE 10-3-73 PERMIT NO. _____

PHONE: Business _____ Home _____

LOCATION Turn off Westminister Drive on Rd # 1636. Go to 1st intersection. House on North West Corner S. R. No. _____

SUBDIVISION NAME Westover LOT NO. 11 SECTION OR BLOCK NO. _____

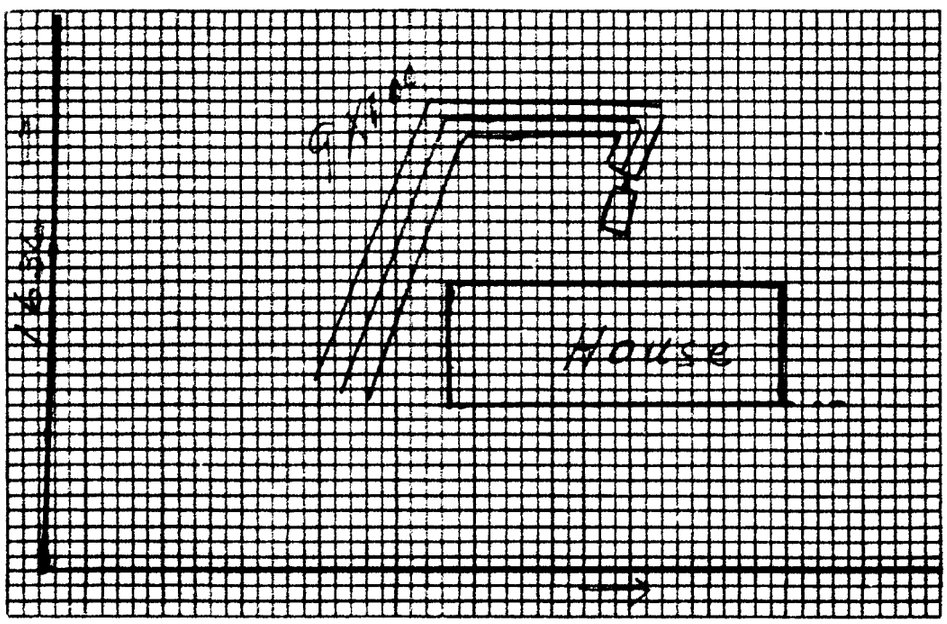
House (✓) Mobile Home ( ) Business ( ) Other _____

No. Bedrooms 3 No. Bathrooms 1½

Garbage Disposal Unit Yes ( ) No (✓)
Auto. Dishwasher Yes ( ) No (✓)
Auto. Wash. Machine Yes (✓) No ( )
Site Suitable Yes (✓) No ( )

Character & Porosity of Soil Hard Red Clay
Percolation Rate No Perc Test
Topography Slightly sloping to Level
Depth to Water Table Low
Rock or other impervious formations None

Lot Area 13124 sq ft



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 Hope Bro

IMPROVEMENTS PERMIT BY E. A. Stevenson

COMMENTS: _____

CERTIFICATE OF COMPLETION BY E. A. Stevenson DATE 12-7-73

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