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 VERA DEAN McCOY DATE 4-21-89 PERMIT NO. 14B.

PHONE: Business _____ Home _____

LOCATION Westminster Dr. Off Hwy 64-70W-T.L. on paved st. between Wheatmore Dr. & Bunker Ave. - 4th on Rt.

SUBDIVISION NAME HESTOVER DEV. S. R. No. _____

LOT NO. _____ SECTION OR BLOCK NO. _____

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

No. Bedrooms 2 No. Bathrooms 1.5

Garbage Disposal Unit Yes ( ) No ( )

Auto. Dishwasher Yes ( ) No ( )

Auto. Wash. Machine Yes ( ) No ( )

Site Suitable Yes ( ) No ( )

Lot Area Ample.

Character & Porosity of Soil Fair Sandy Loam

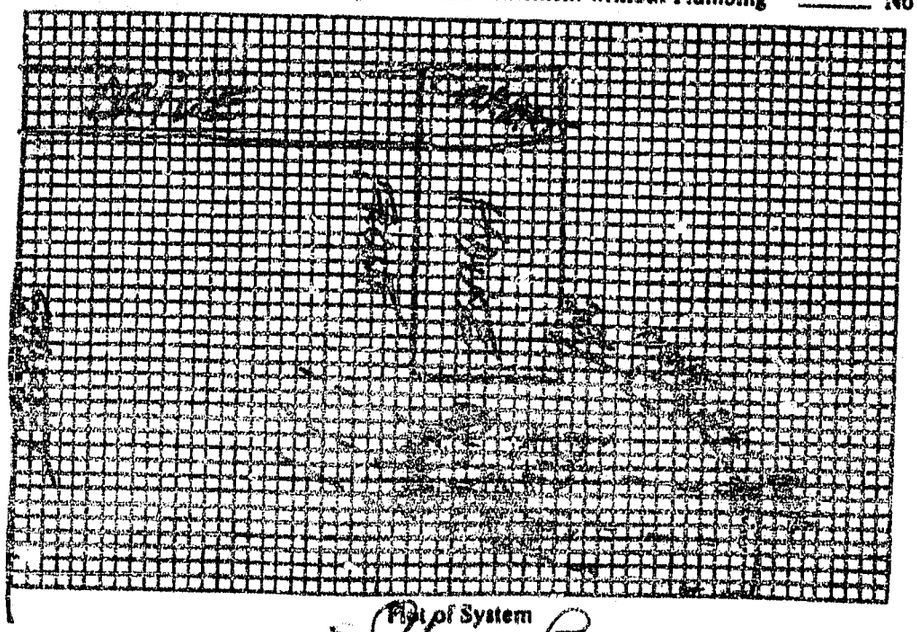
Percolation Rate 2 Min. per in.

Topography Gently Rolling

Depth to Water Table 10'+

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. 135 Linear Ft. 240

Depth of Stone in Lines 12"

Water Supply: Individual ( )
Public ( )

Installed by Eddie Yount

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

Signed: _____

IMPROVEMENTS PERMIT BY Stuart Brown

COMMENTS: _____

CERTIFICATE OF COMPLETION BY Stuart Brown DATE 7-11-89

EXISTING SYSTEM CHECKED BY _____ DATE _____

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