2 pm

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 Ken Johnson DATE 9/[illegible]/85 PERMIT NO. _____

PHONE: Business _____ Home _____

LOCATION I-40 Gr to Sharon School Rd., TL on Hedgeway Lane past Country Fish. - 3rd house on Left / Tennis Court at rear

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

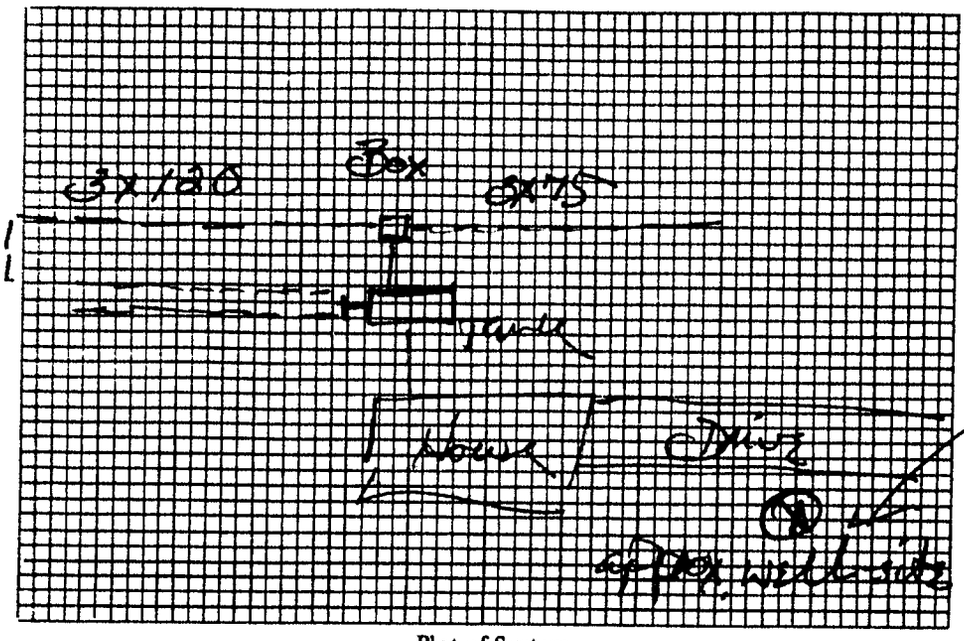
House (✓) Mobile Home ( ) Business ( ) Other Repair

No. Bedrooms _____ No. Bathrooms _____

Garbage Disposal Unit	Yes ( )	No (✓)	Character & Porosity of Soil	Repair
Auto. Dishwasher	Yes (✓)	No ( )	Percolation Rate	
Auto. Wash. Machine	Yes (✓)	No ( )	Topography	
Site Suitable	Yes (✓)	No ( )	Depth to Water Table	
			Rock or other impervious formations	

Lot Area _____

_____ Basement with Plumbing _____ Basement without Plumbing ✓ No Basement



Plot of System

Size of Tank Existing Gals.

Nitrification Field:
No. of Lines 2
Sq. Ft. 450 Linear Ft. 150'
Depth of Stone in Lines 12

Water Supply: Individual (✓)
Public (✓)
Well on property

Installed by _____

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

Signed: Ken Johnson

IMPROVEMENTS PERMIT BY Steve Brown

COMMENTS: Check inside plumbing fixtures for leaks!

CERTIFICATE OF COMPLETION BY Charles W. Lindsey DATE 9/18/85

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