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 RALPH JOHNSON DATE 9-18-89 PERMIT NO. _____

PHONE: Business _____ Home _____

LOCATION Morgan Farm Rd. off State Park Rd. - Tr. on Willow Point St. go to cul-de-sac on R.R. - House at end on left S. R. No. _____

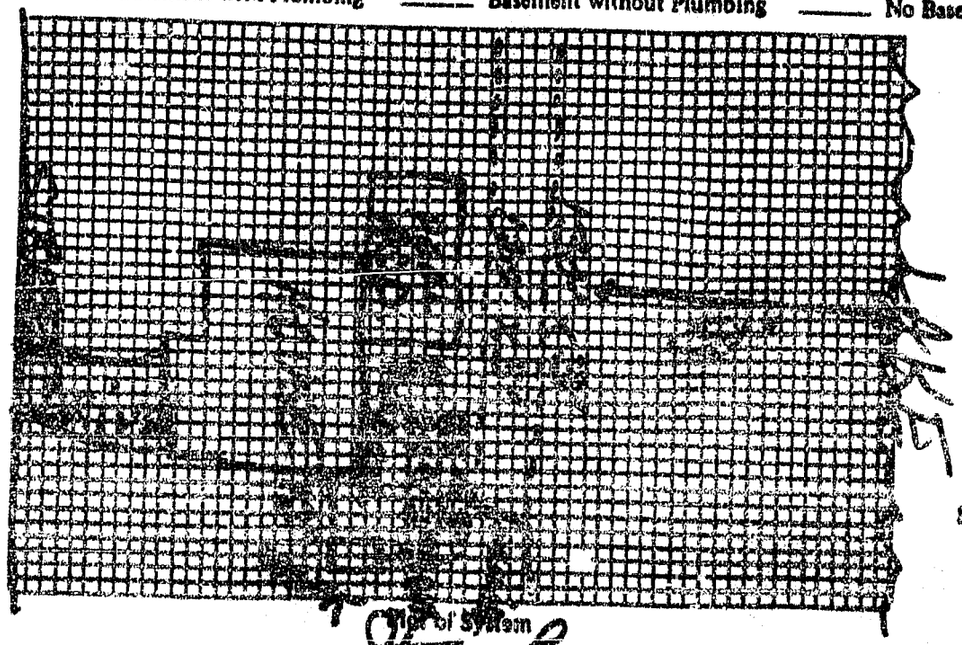
SUBDIVISION NAME _____ LOT NO. _____ SECTION OR BLOCK NO. _____

House ( ) Mobile Home ( ) Business ( ) Other Relocate drain lines for swimming pool addition.

No. Bedrooms _____ No. Bathrooms _____
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 _____
Percolation Rate _____
Topography EXISTING SEPTIC
Depth to Water Table _____
Rock or other impervious formations TANK SYSTEM.

_____ Basement with Plumbing _____ Basement without Plumbing _____ No Basement



Size 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 ( )

Installed by Paul Yeargin Inc

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

Signed: _____

IMPROVEMENTS PERMIT BY Steve Brown

COMMENTS Drainlines damaged west during cut 15' from well of pool. Drainlines to be staggered when tying in. 2 drainlines added and to run parallel to existing lines.

CERTIFICATE OF COMPLETION BY Steve Brown DATE 9-18-89

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