09495

IREDELL COUNTY HEALTH DEPARTMENT 4636 50 5172

(SEPTIC TANK) IMPROVEMENTS PERMIT AND CERTIFICATE OF COMPLETION

(Ground Absorption Sewage Disposal System -- G. S. Chapter 130-Article 13C)

OWNER OR CONTRACTOR Robert Johnson DATE June 23, '89 PERMIT NO. _____

PHONE: Business _____ Home _____

LOCATION 1100 ft 1112 (Statts Rd.) on Right just past Sandlewood Drive S. R. No. _____

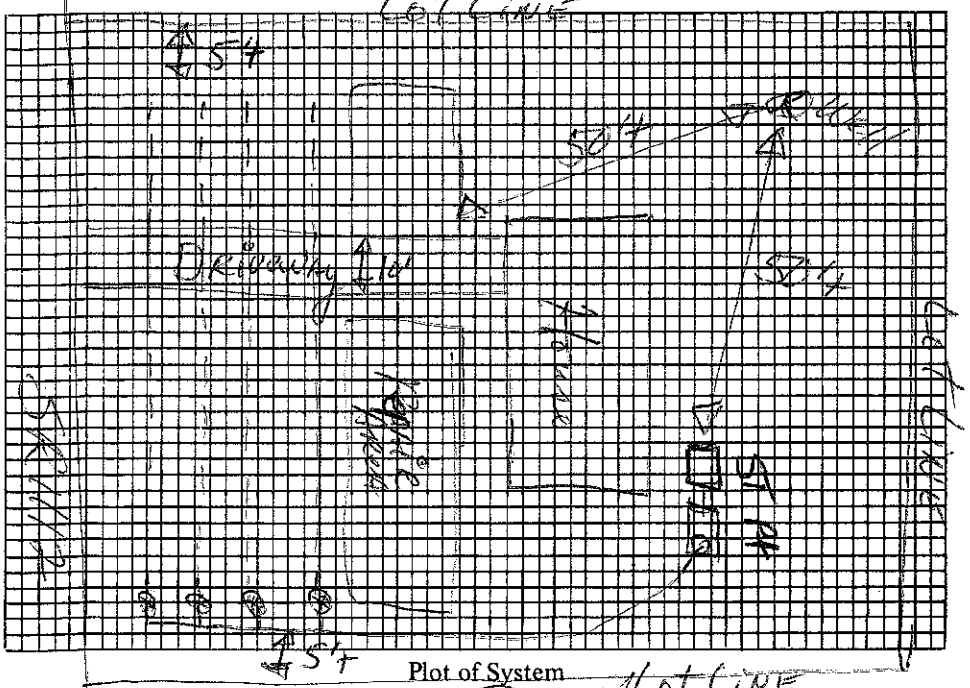
SUBDIVISION NAME MARINA Village LOT NO. 54 SECTION OR BLOCK NO. _____

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

No. Bedrooms 3	No. Bathrooms 2			Character & Porosity of Soil	clay
Garbage Disposal Unit	Yes ( )	No (✓)		Percolation Rate	2, 35
Auto. Dishwasher	Yes (✓)	No ( )		Topography	2-4%
Auto. Wash. Machine	Yes (✓)	No ( )		Depth to Water Table	4 ft
Site ~~Suitable~~ PS	Yes (✓)	No ( )		Rock or other impervious formations	none obs.

Lot Area 122'x 160'

_____ Basement with Plumbing _____ Basement without Plumbing ✓ No Basement



Size of Tank 1000 gal. 1000 Gals.

Nitrification Field:
No. of Lines 4
Sq. Ft. 1080 Linear Ft. 360
Depth of Stone in Lines 12"

Water Supply: Individual (✓)
Public ( )

Installed by Rowan Septic Tank

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

Signed: _____

IMPROVEMENTS PERMIT BY DRH

COMMENTS: Front yard to be relandscaped (see attached letter) so surface water drainage pattern will not intersect repair area for sewage system. Sold 2" sch 40 used under driveway. All sewer tested & working but not ~~sewer~~ mounted when lines installed.

CERTIFICATE OF COMPLETION BY D. R. Hoffman, RS DATE 6-23-89

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