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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 Ivan A Johnson DATE 11/18/91 PERMIT NO. 26-12-0-1

PHONE: Business ______ Home 892-4554

LOCATION ALCOVE 1102, TR on LANTREE 1202, TR on Bain 2nd (R) X lake to first lot on (R)

S. R. No. ______

SUBDIVISION NAME Yeoman Shores LOT NO. 12 SECTION OR BLOCK NO. ______

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

No. Bedrooms 3 No. Bathrooms 2

Garbage Disposal Unit Yes ( ) No (✓)

Auto. Dishwasher Yes (✓) No ( )

Auto. Wash. Machine Yes (✓) No ( )

Site Suitable Yes (✓) No ( )

Lot Area 20,000 FT²

Character & Porosity of Soil P - cl - c

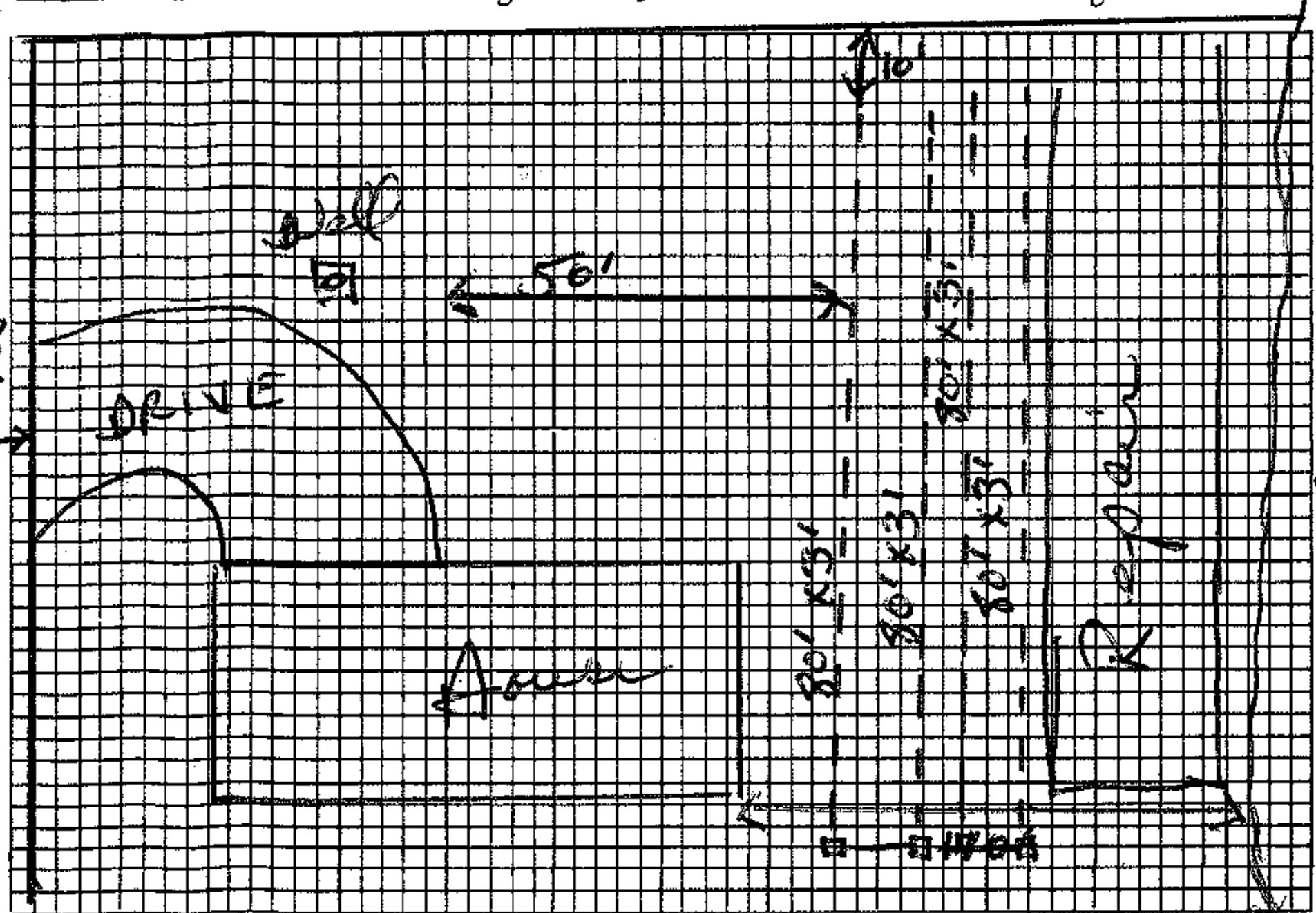
Percolation Rate .4

Topography 2-5%

Depth to Water Table >48"

Rock or other impervious formations None observed

______ Basement with Plumbing ✓ Basement without Plumbing ______ No Basement



Plot of System BAIN LN.

Size of Tank 1000 Gals.

Nitrification Field: 9/18/92 AWS

No. of Lines 4 @ 80' X 3'

Sq. Ft. 900 Linear Ft. 320

Depth of Stone in Lines 12"

Water Supply: Individual (✓)

Public ( )

Installed by ______

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

Signed: X Ivan A Johnson

IMPROVEMENTS PERMIT BY Wesley Sparks R.S.

COMMENTS: Conventional trenches with drop boxes in area shown. 9/17/91 - Changed to pressure conventional on the upper side of house away from lake. -AWS.

CERTIFICATE OF COMPLETION BY ______ DATE ______

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