1122-8

455-3400 (O)
892-5955

1st Phy

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 Jimmy Johnson DATE March 20, '90 PERMIT NO. 2A-6-A-8

PHONE: Business ______ Home ______

LOCATION 115 S. TR 1102 (Longtree) TR into Carson's Place Bear left at Lake last lot on Right S. R. No. ______

SUBDIVISION NAME Carson's Place LOT NO. 13 SECTION OR BLOCK NO. ______

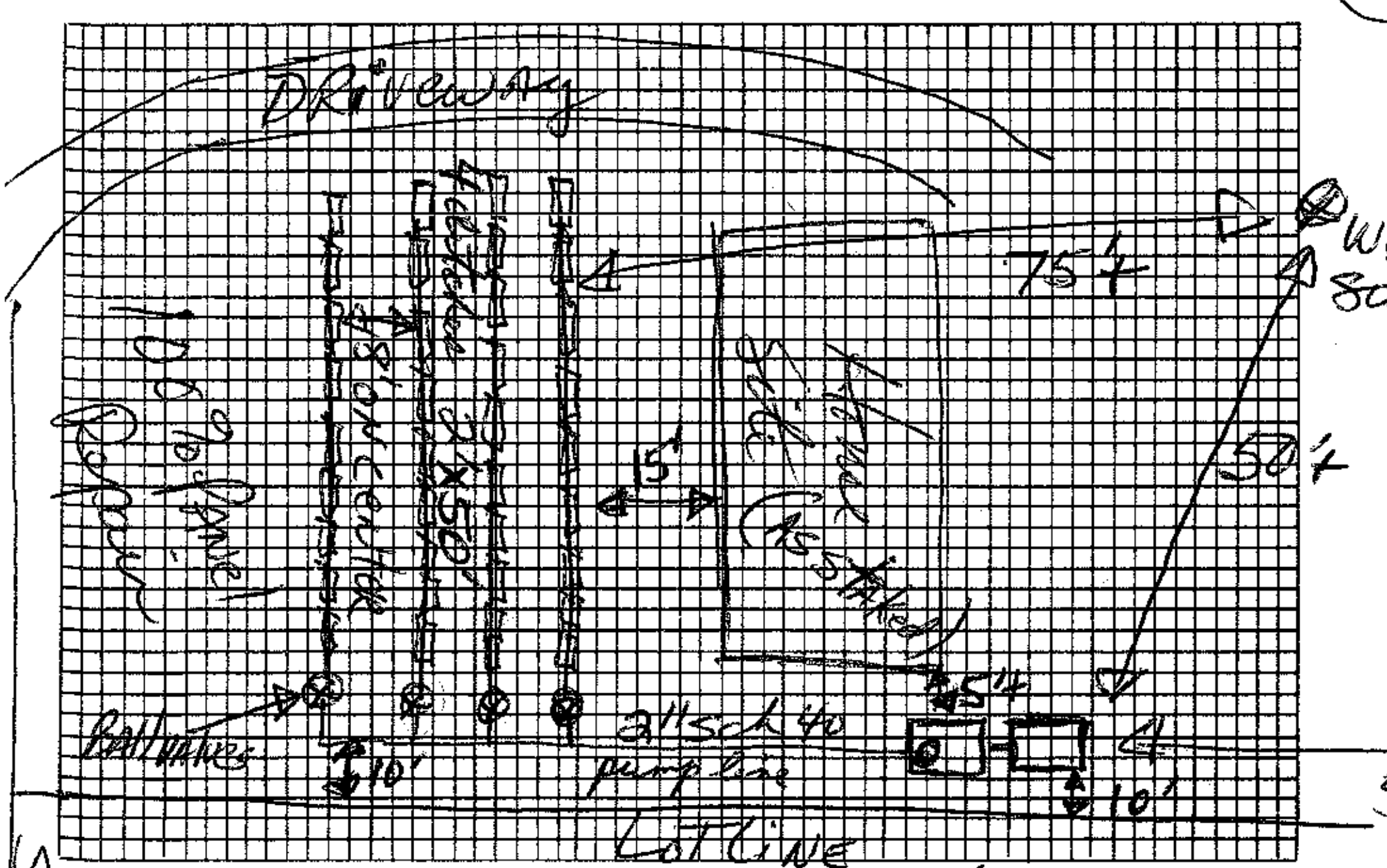
House (✓) Mobile Home ( ) Business ( ) Other ______

No. Bedrooms 3 No. Bathrooms 3

Garbage Disposal Unit	Yes ( )	No (✓)	Character & Porosity of Soil	ps clay
Auto. Dishwasher	Yes (✓)	No ( )	Percolation Rate	1 ao 3
Auto. Wash. Machine	Yes (✓)	No ( )	Topography	~6%
~~Site Suitable~~ PS	Yes (✓)	No ( )	Depth to Water Table	4'+
			Rock or other impervious formations	none obs.

Lot Area ½ Ac +

✓ Basement with Plumbing ______ Basement without Plumbing ______ No Basement



Plot of System

Size of Tank 1000 Gals. (1000 pt)

Nitrification Field:

No. of Lines 4

Sq. Ft. ______ Linear Ft. 200' 8

Depth of Stone in Lines 16" TA

Water Supply: Individual (✓) Public ( )

panels pressure dosed

Installed by ______

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

Signed: X Br Ku[illegible]

IMPROVEMENTS PERMIT BY [signature], EHS

COMMENTS: Maximum trench bottom depth of 34". Follow contours. USE 1¼" sch 40 through panels with ONE 5/32" hole per panel. Two foot pressure head per latch. Pump Specs: 19 gal per min at Approx. 20' TDH.

CERTIFICATE OF COMPLETION BY Wesley Sparks RS. DATE 6/6/91

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