4648370928

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 Rachel Johnson DATE 10-27-86 PERMIT NO. 564

PHONE: Business ______ Home ______

LOCATION 21 N. TL 1302 (Cornelius Rd.) on left across from jct w/ 1378 (Jolas Rd.) S. R. No. ______

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

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

No. Bedrooms 2 No. Bathrooms 1

Garbage Disposal Unit	Yes ( )	No (✓)		
Auto. Dishwasher	Yes ( )	No (✓)		
Auto. Wash. Machine	Yes (✓)	No ( )		
Site Suitable	Yes (✓)	No ( )		

Character & Porosity of Soil saprolyte

Percolation Rate ______

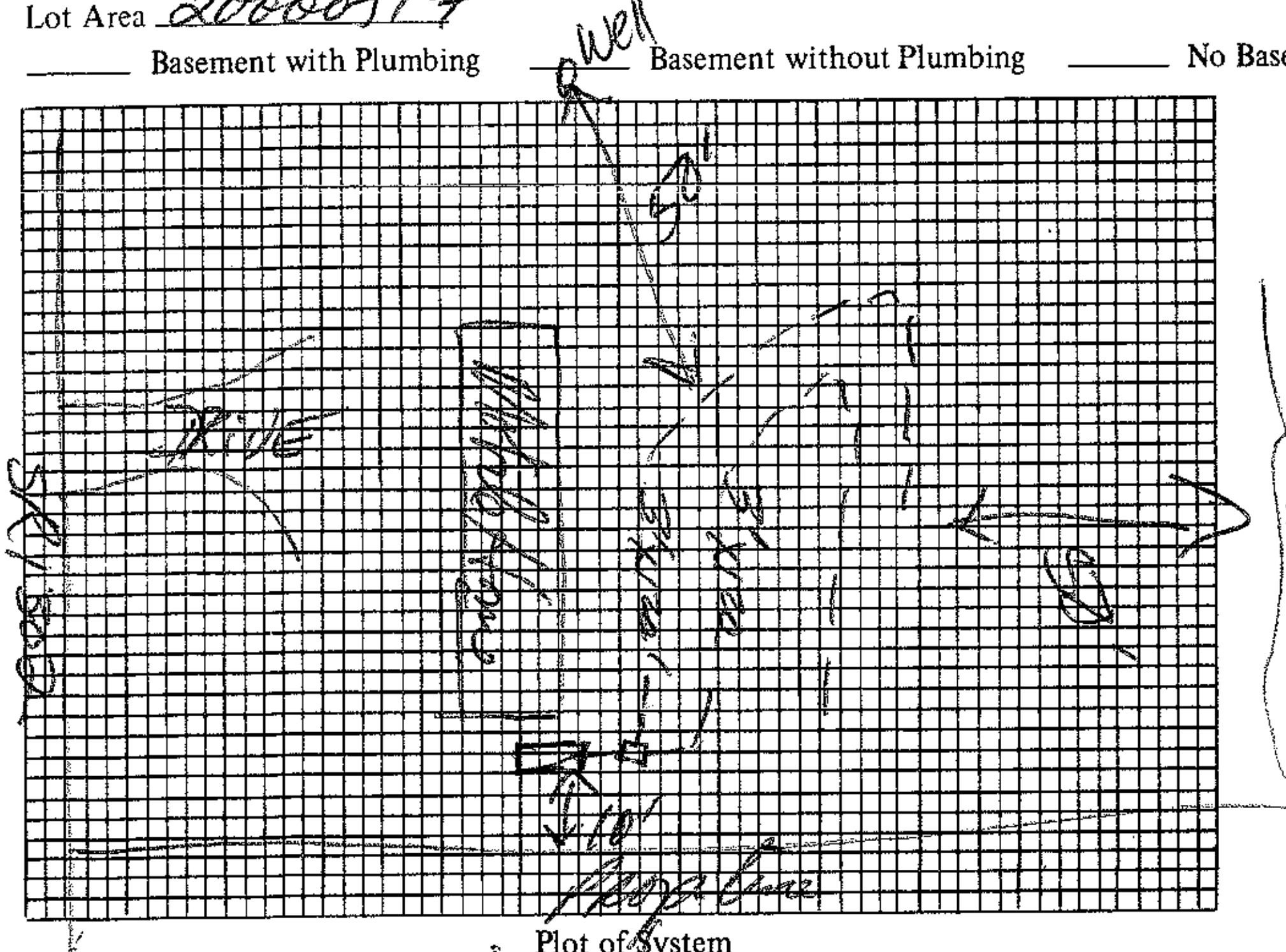
Topography ______

Depth to Water Table ______

Rock or other impervious formations ______

Lot Area 20000 ft²

______ Basement with Plumbing ______ Basement without Plumbing ______ No Basement



Plot of System

Size of Tank 1000 Gals.

Nitrification Field:

No. of Lines 2

Sq. Ft. 720 Linear Ft. 240

Depth of Stone in Lines 12"

Water Supply: Individual (✓) Public ( )

Well next door

Installed by [signature]

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

Signed: ______

IMPROVEMENTS PERMIT BY [signature]

COMMENTS: System type changed assumption upon 2nd referral opinion. Conventional lines installed deeper than intended on upper end, shallow on lower end. Additional dirt mounded over end of lines to get 12" cover.

CERTIFICATE OF COMPLETION BY [signature] DATE 10-27-86

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

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 Rachel Johnson DATE 10-8-86 PERMIT NO. 424

PHONE: Business _____ Home _____

LOCATION 21 N. to 1302 (Cornelius) on left, immediately past jct w/ Judes Rd. S. R. No. _____

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

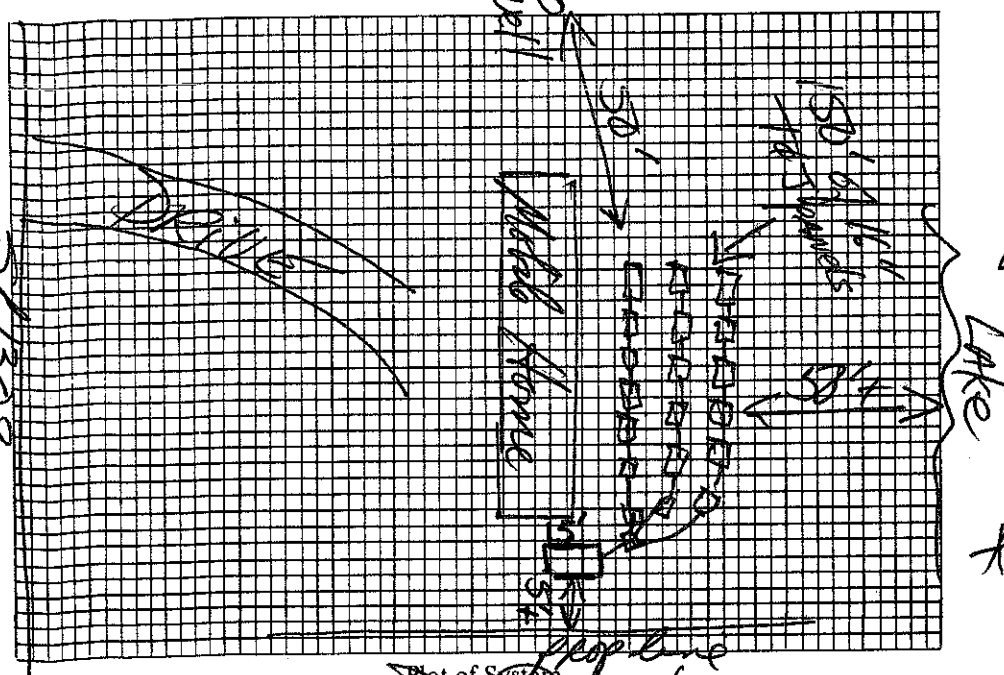
House ( ) Mobile Home (✓) Business ( ) Other _____

No. Bedrooms 2 No. Bathrooms 1

Garbage Disposal Unit	Yes ( )	No (✓)	Character & Porosity of Soil	Clay - p.a. mod
Auto. Dishwasher	Yes (✓)	No ( )	Percolation Rate	4/6 20
Auto. Wash. Machine	Yes (✓)	No ( )	Topography	4+
Site Suitable	Yes (✓)	No ( )	Depth to Water Table	none obs.
			Rock or other impervious formations	

Lot Area 20000 SF

_____ Basement with Plumbing _____ Basement without Plumbing ✓ No Basement



Size of Tank 1000 Gals.

Nitrification Field:
No. of Lines 3
Sq. Ft. _____ Linear Ft. 150' ea
Depth of Stone in Lines 16" TOT
Water Supply: Individual (✓) PANELS
Public ( )
well next door

Installed by _____

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

Signed: Rachel Johnson

IMPROVEMENTS PERMIT BY David R. Hunsucker, RS

COMMENTS: Panel ditches must be installed shallow. Set tank accordingly in order to do this. Can mound over tank if necessary.

RTIFICATE OF COMPLETION BY _____ DATE _____

STING SYSTEM CHECKED BY: _____ DATE _____

CONSTRUCTION MUST COMPLY WITH ALL OTHER APPLICABLE STATE AND LOCAL REGULATIONS.

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