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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 Hubert Johnston DATE Sept 21, 90 PERMIT NO. IR-A-12pt.

PHONE: Business _____ Home _____

LOCATION 115-21 N. TL 1309 (Barfield Rd) ~½ mile on Right S. R. No. _____

SUBDIVISION NAME _____ LOT NO. _____ 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~~ RS Yes (✓) No ( )

Lot Area 5 Ac.

Character & Porosity of Soil PS clay

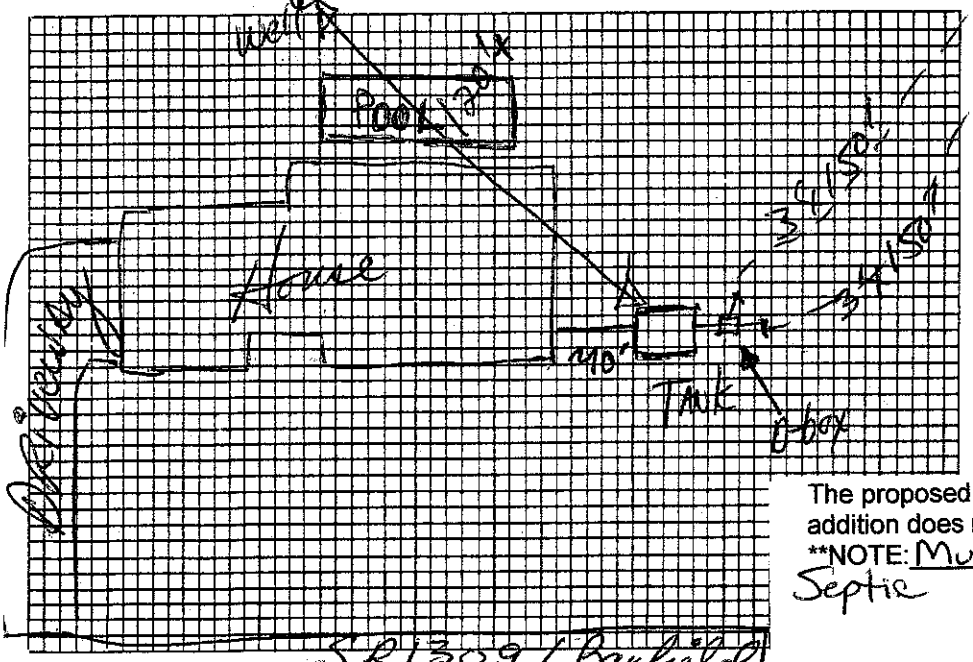
Percolation Rate 1"-4"

Topography 2-4%

Depth to Water Table 4'+

Rock or other impervious formations none obs.

_____ Basement with Plumbing _____ Basement without Plumbing ✓ No Basement



Plot of System

Size of Tank 1250 Gals.

Nitrification Field:

No. of Lines 2

Sq. Ft. 900 Linear Ft. 300

Depth of Stone in Lines 12"

Water Supply: Individual (✓)

Public ( )

Installed by Wayne Potts

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

The proposed / existing Inground Pool addition does not appear to impact the existing septic system.

**NOTE: Must keep at least 15ft from Septic

Maria Johnson REHS

Date: 6/16/2011

ICHD-Environmental Health Division

John HD expire

IMPROVEMENTS PERMIT BY DCH

COMMENTS: _____

CERTIFICATE OF COMPLETION BY David R. Hinson, EHS DATE 9-21-90

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