12936.

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 JOHN R. JOHNSON DATE 10-1-91 PERMIT NO 8H-4-A- 35 36 37

PHONE: Business _____ Home _____

LOCATION Hwy 70W - 2 miles past Twin Oaks Mobile Park on right - Enter 1st - 2nd drive - 3rd on left

S. R. No. _____

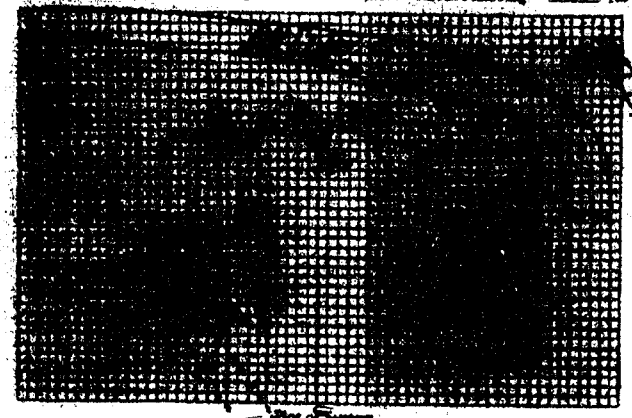
SUBDIVISION NAME WINDFOREST DEV. LOT NO. 35/36/37 SECTION OR BLOCK NO. _____

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

No. Bedrooms 3 No. Bathrooms 2 Garbage Disposal Unit Yes ( ) No (✓) Automatic Dishwasher Yes ( ) No (✓) Automatic Washing Machine Yes (✓) No ( ) Site Suitable Yes (✓) No ( ) Lot Area 5.3 acres

Character & Porosity of Soil Clay - suitable
Percolation Rate _____
Topography (Lay of Land) _____
Depth to Water Table 18+
Rock or other impervious formations weathered rock

_____ Basement with Plumbing _____ Basement without Plumbing ✓ No Basement



Size of Tank 1000 Gal.
Nitrification Field:
No. of Lines 3
Sq. Ft. 900 Lines @ 300
Depth of Stone in Lines 12
Water Supply: Individual (✓)
Public ( )

Installed by Charlie Bryce

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

Signed _____

IMPROVEMENTS PERMIT BY Steve Brown

COMMENTS: _____

CERTIFICATE OF COMPLETION BY Steve Brown DATE 10-1-91

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 Contractor's Copy Pink

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