10880.

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 KELVIN JOHNSON DATE 6-14-90 PERMIT NO. 91-A-549

PHONE: Business _____ Home _____

LOCATION Liggon Rd. off behind Taylor Rd. go approx. one mile over (T) bridge creek Entrance lot - gate top of hill on (R). S. R. No. _____

SUBDIVISION NAME _____ LOT NO. 9 SECTION OR BLOCK NO. _____

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

No. Bedrooms 3 No. Bathrooms 2.5 Character & Porosity of Soil Prov. Suitable

Garbage Disposal Unit Yes ( ) No (✓) Percolation Rate 1 in 10 ft

Auto. Dishwasher Yes (✓) No ( ) Topography B-C

Auto. Wash. Machine Yes (✓) No ( ) Depth to Water Table 52+

Site Suitable Yes (✓) No ( ) Rock or other impervious formations near. observed.

Lot Area 3 acres

(✓) Basement with Plumbing ____ Basement without Plumbing ____ No Basement

Size of Tank 1000 Gals.

Nitrification Field:

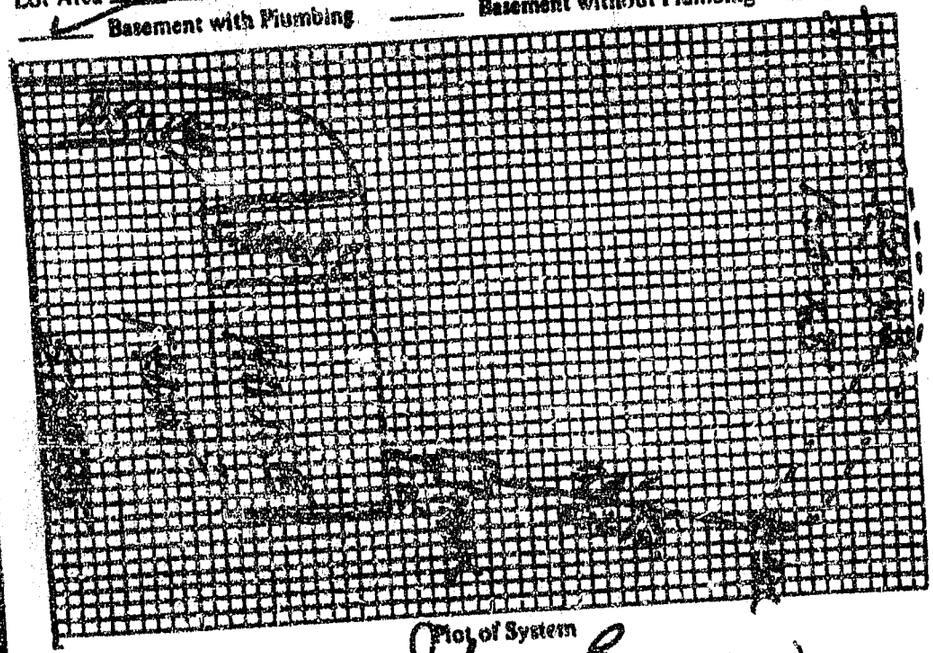
No. of Lines 2

Sq. Ft. 400 Lines Ft. 200

Depth of Stone in Lines 12"

Water Supply: Individual ( )

Public (✓)



Plot of System

Installed by Dennis Hollider

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 6-14-90.

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