IREDELL COUNTY HEALTH DEPARTMENT

IMPROVEMENT PERMIT AND CERTIFICATE OF COMPLETION / OPERATIONS PERMIT

REPAIR

OWNER OR CONTRACTOR NEWELL JOHNSON DATE 4/24/92 PERMIT NO. REPAIR

PHONE: Business _____ Home _____

LOCATION NC 115 N, TL PISGAH CH. RD, TR JOHNSON FARM RD, AT 3RD BRICK HOUSE ON (L) S.R. No. _____

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

House [ ] Mobile Home [ ] Business [ ] Other SIZED FOR 5 MIGRANT RESIDENTS

MIGRANT HOUSING

No. Bedrooms 3 No. Bathrooms 1

Garbage Disposal Unit Yes [ ] No [✓]

Auto. Dishwasher Yes [✓] No [ ]

Auto. Wash. Machine Yes [✓] No [ ]

Lot Area AMPLE

Soil Characteristics PS

Application Rate .35 GPD / FT²

Topography 2-4% LS

Depth to Water Table >4'

Rock or other impervious formations NONE

_____ Basement with Plumbing _____ Basement without Plumbing _____ No Basement ✓ Crawl Space

ACP 3/26/92

Size of Tank 1000 Gals.

Nitrification Field:

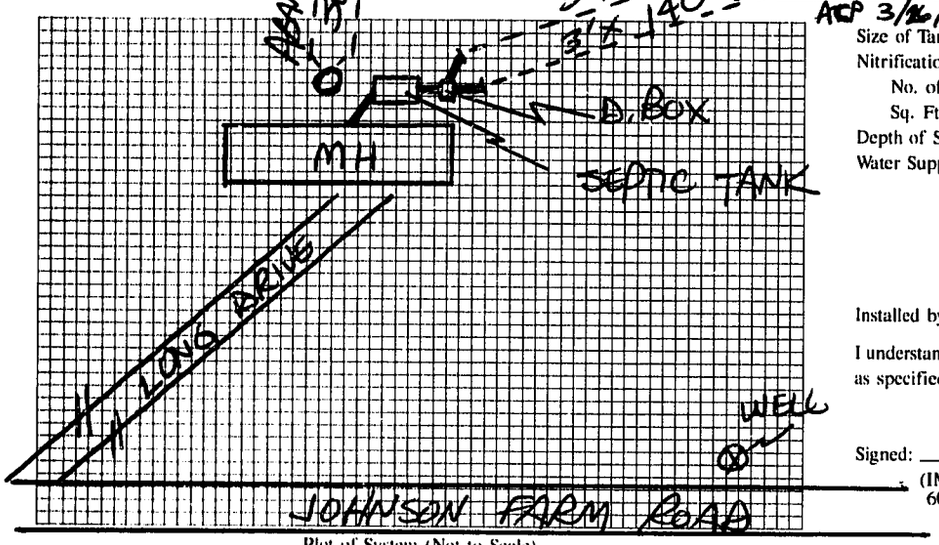
No. of Lines 2

Sq. Ft. 855 Linear Ft. 285

Depth of Stone in Lines 12"

Water Supply: Individual [✓] WELL

Public [ ]



Plot of System (Not to Scale)

Installed by KENNY PEARSON

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

Signed: _____

(IMPROVEMENT PERMIT IS VALID FOR 60 MONTHS FROM DATE OF ISSUE.)

IMPROVEMENT PERMIT BY STEVE HEDRICK

COMMENTS (1) ABANDONED OLD SEPTIC SYSTEM

(2) ALL PLUMBING DRAINS TIED INTO SEPTIC SYSTEM

CERTIFICATE OF COMPLETION BY STEVE HEDRICK DATE 4/24/92

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 unapproved changes are made to the site, and/or if any false information is supplied toward securing Improvement Permit.

Health Dept. Copy: White Inspection Dept. Copy: Yellow Sanitarian's Copy: Pink Owner's Copy: Gold