11765.

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 PERRY JOHNSTON DATE 7-20-90. PERMIT NO. 8M-B-63.

PHONE: Business _____ Home _____

LOCATION Old Mtg. Rd. south of White Oaks - 7th house on left. Storage bldg. behind house. S. R. NO. _____

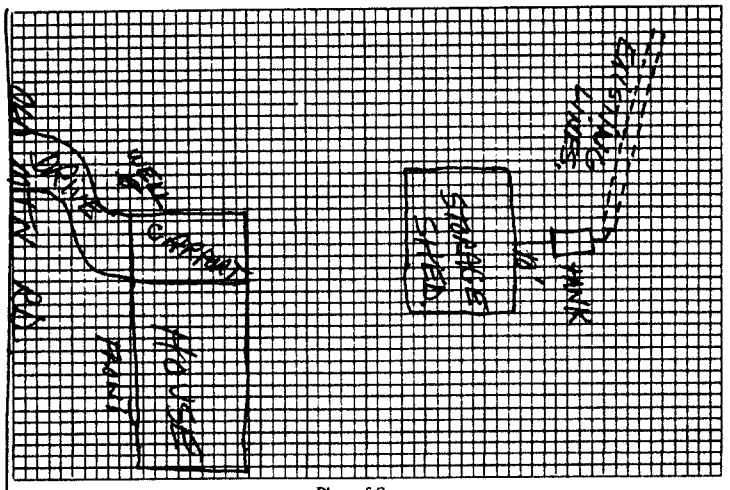
SUBDIVISION NAME _____ LOT NO. _____ SECTION OR BLOCK NO. _____

House ( ) Mobile Home ( ) ~~Business~~ ( ) Other ~~STORAGE BLDG with plumbing~~, or 2 bedroom dwelling.

No. Bedrooms _____ No. Bathrooms /

Garbage Disposal Unit	Yes ( )	No (✓)	Character & Porosity of Soil		
Auto. Dishwasher	Yes ( )	No (✓)	Percolation Rate	EXISTING SEPTIC	
Auto. Wash. Machine	Yes ( )	No (✓)	Topography		
Site Suitable	Yes (✓)	No ( )	Depth to Water Table	TANK SYSTEM.	
Lot Area EXISTING.			Rock or other impervious formations		

_____ Basement with Plumbing _____ Basement without Plumbing ✓ No Basement



Plot of System

Size of Tank EXISTING. Gals.

Nitrification Field:

No. of Lines _____

Sq. Ft. _____ Linear Ft. _____

Depth of Stone in Lines _____

Water Supply: Individual (✓)
Public ( )

Installed by _____

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

Signed: _____

IMPROVEMENTS PERMIT BY _____

COMMENTS: Existing septic tank system functioning properly at the time of inspection.

CERTIFICATE OF COMPLETION BY _____ DATE _____

EXISTING SYSTEM CHECKED BY: Steve Brown DATE 7-20-90.

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