IREDELL COUNTY HEALTH DEPARTMENT

(SEPTIC TANK) IMPROVEMENTS PERMIT AND CERTIFICATE OF COMPLETION

(Ground Absorption Sewage Disposal System -- G. S. Chapter 130-Article 13C)

10850

OWNER OR CONTRACTOR DONNA JOHNSON DATE 12/10/90 PERMIT NO. 9F-A-97

PHONE: Business _____ Home _____

LOCATION NC 90 W, TR SCOTTS CREEK ~ 1 MILE ON (L)

S. R. No. _____

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

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

No. Bedrooms 3 No. Bathrooms 2 1/2

Garbage Disposal Unit	Yes ( )	No (✓)
Auto. Dishwasher	Yes (✓)	No ( )
Auto. Wash. Machine	Yes (✓)	No ( )
Site Suitable	Yes (✓)	No ( )

Character & Porosity of Soil PS

Percolation Rate .4 GPD / FT2

Topography 2-8%

Depth to Water Table 10' +

Rock or other impervious formations NONE

Lot Area AMPLE — — — 3 BR 400' — No Basement

(✓) Basement with Plumbing — — Basement without Plumbing

ACP 11/6/90

Size of Tank 1000 Gals.

Nitrification Field:

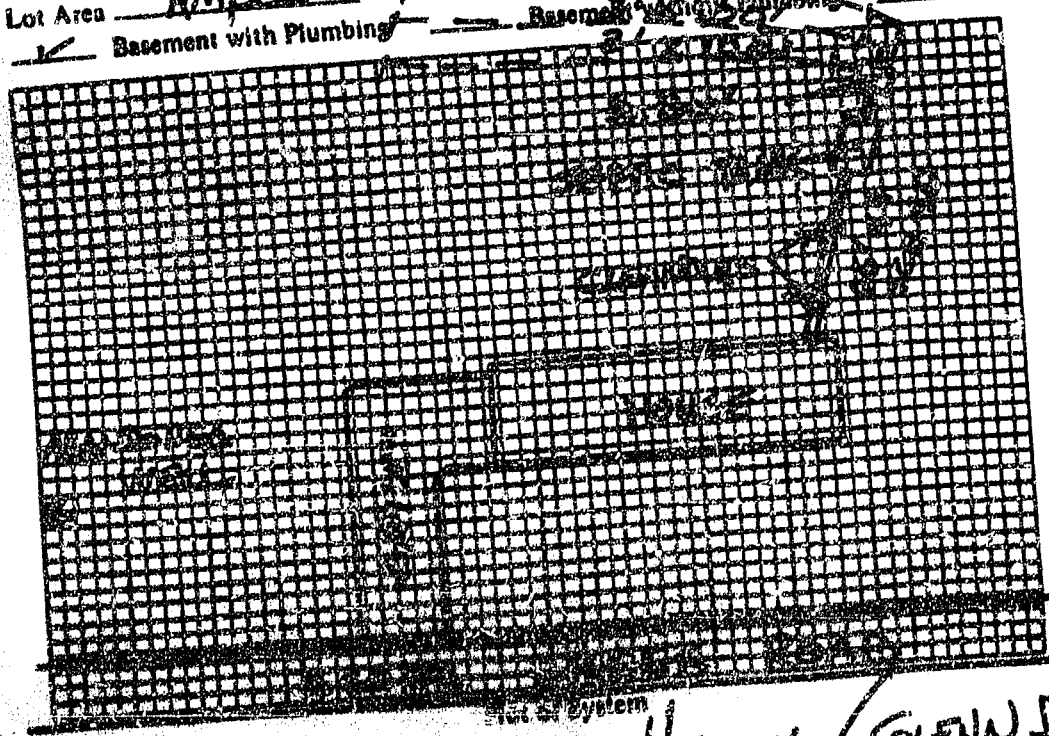
No. of Lines 3

Sq. Ft. 900 Linear Ft. 300

Depth of Stone in Lines 12"

Water Supply: Individual ( )

Public (✓)



Installed by DAVID YOUNTZ

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

Signed: _____

IMPROVEMENTS PERMIT BY STEVE HEDRICK / GLEN FOX, JR.

COMMENTS: _____

CERTIFICATE OF COMPLETION BY STEVE HEDRICK DATE _____

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