IREDELL COUNTY HEALTH DEPARTMENT

(SEPTIC TANK) IMPROVEMENTS PERMIT AND CERTIFICATE OF COMPLETION 38422
(Ground Absorption Sewage Disposal System -- G. S. Chapter 130-Article 13C)

11754

OWNER OR CONTRACTOR STEPHEN JOHNSON DATE 2/1/91 PERMIT NO. 6K-19-A-17

PHONE: Business _____ Home _____

LOCATION NC 90 W, TR MONTICELLO, TL AUDOBON ACRES, TR 1ST ROAD AT END ON (L) S. R. No. _____

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

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

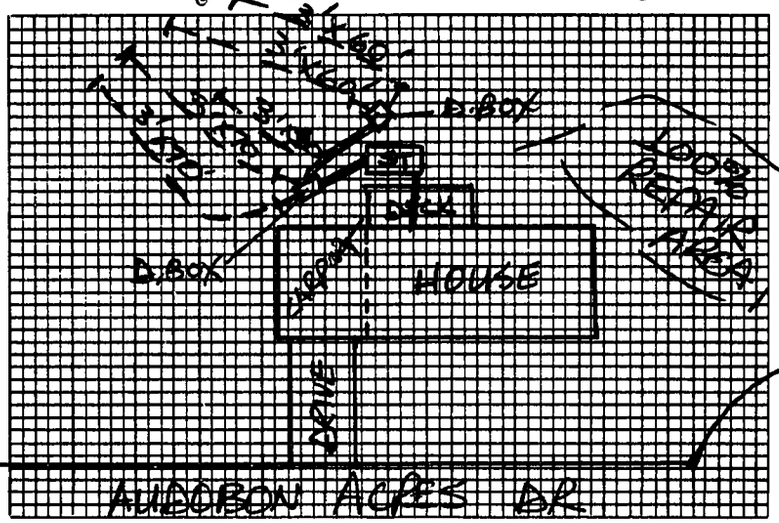
No. Bedrooms 3 No. Bathrooms 2.5

| | | | | | |
|---|---|---|---|---|---|
| Garbage Disposal Unit | Yes ( ) | No (✓) | Character & Porosity of Soil | PS |
| Auto. Dishwasher | Yes (✓) | No ( ) | Percolation Rate | 4 GPD / FT2 |
| Auto. Wash. Machine | Yes (✓) | No ( ) | Topography | 6-10% |
| Site Suitable | Yes (✓) | No ( ) | Depth to Water Table | >4' |
| | | | Rock or other impervious formations | NONE |

Lot Area AMPLE

_____ Basement with Plumbing ✓ Basement without Plumbing _____ No Basement

TP 11/28/90




Plot of System

Size of Tank 1000 Gals.

Nitrification Field:
No. of Lines 4
Sq. Ft. 900 Linear Ft. 300
Depth of Stone in Lines 12"

Water Supply: Individual ( )
Public (✓)

Installed by TOMMY FRYE

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

Signed: _____

CUL-DE-SAC

IMPROVEMENTS PERMIT BY (Sold) STEVE BROWN STEVE HEDRICK

COMMENTS: _____

CERTIFICATE OF COMPLETION BY STEVE HEDRICK DATE 2/1/91

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 Sanitarian's Copy: Pink Owner's Copy: Gold