IREDELL COUNTY HEALTH DEPARTMENT

REPAIR

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

OWNER OR CONTRACTOR CHARLES W. JOHNSON DATE 11/2/90 PERMIT NO. REPAIR

PHONE: Business _____ Home _____

LOCATION NC 115 N, 1ST HOUSE ON (L) PAST SNOW CREEK

_____ S. R. No. _____

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

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

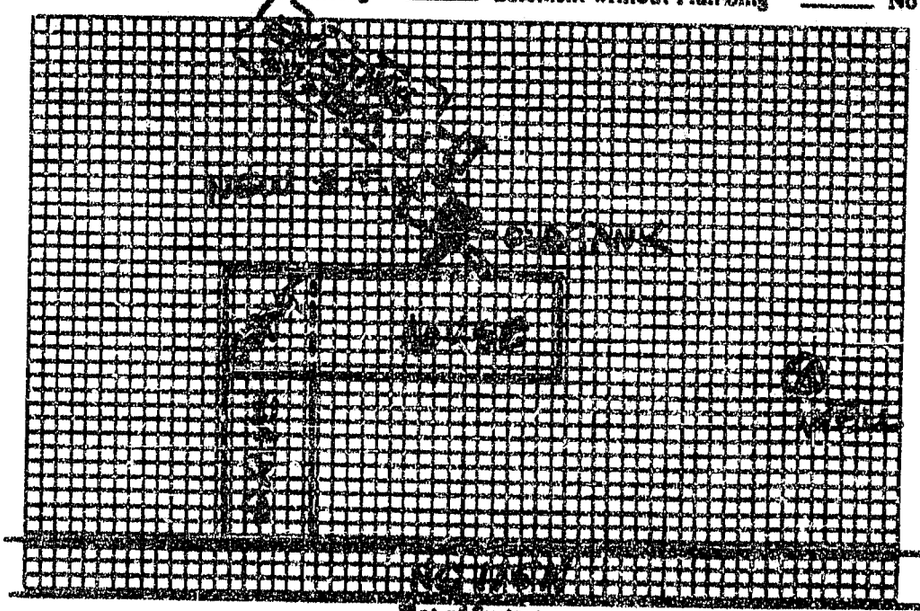
No. Bedrooms 2 No. Bathrooms 1 1/2

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

Lot Area AMPLE

✓ Basement with Plumbing _____ Basement without Plumbing _____ No Basement

ST 9/19/90



Plot of System

Size of Tank 1000 Gals.

Nitrification Field:
No. of Lines EXISTING
Sq. Ft. _____ Linear Ft. EXISTING
Depth of Stone in Lines _____

Water Supply: Individual (✓)
Public ( )

Installed by WES LITON

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

Signed: _____

IMPROVEMENTS PERMIT BY STEVE HEDRICK

COMMENTS: _____

CERTIFICATE OF COMPLETION BY STEVE HEDRICK DATE 11/2/90

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