11395

# IREDELL COUNTY HEALTH DEPARTMENT

36925

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

OWNER OR CONTRACTOR Dwight Johnson DATE 5-21-90 PERMIT NO 13E-A-2

PHONE: Business _____ Home _____

LOCATION Lucia Lane off Chipley Ford Rd

_____ S. R. No. _____

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

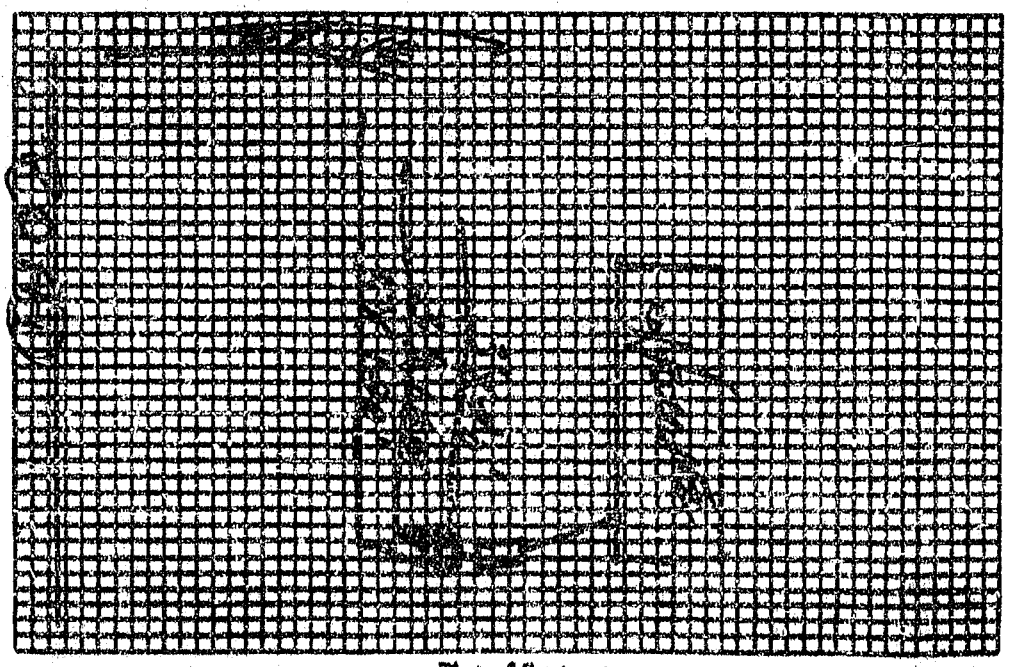
House (✓) Mobile Home ( ) Business ( ) Other _____

No. Bedrooms 3 No. Bathrooms 2

| | | | | |
|---|---|---|---|---|
| Garbage Disposal Unit | Yes ( ) | No (✓) | Character & Porosity of Soil | Fair Sandy Loam |
| Auto. Dishwasher | Yes ( ) | No (✓) | Percolation Rate | 1 Set @ 45 Spt |
| Auto. Wash. Machine | Yes (✓) | No ( ) | Topography | Level |
| Site Suitable | Yes (✓) | No ( ) | Depth to Water Table | 10' |
| | | | Rock or other impervious formations | Bedrock |

Lot Area 5.03

✓ Basement with Plumbing _____ Basement without Plumbing _____ No Basement



Plot of System

Size of Tank 1000 Gals.

Nitrification Field:
No. of Lines 3
Sq. Ft. 200 Linear Ft. 300
Depth of Stone in Lines 12"

Water Supply: Individual (✓)
Public ( )

Installed by Donald Lackey

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

Signed: _____

IMPROVEMENTS PERMIT BY _____

COMMENTS: _____

CERTIFICATE OF COMPLETION BY _____ DATE 5/21/90

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