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 Bill Johnson DATE 3-14-88 PERMIT NO. ______

PHONE: Business ______ Home ______

LOCATION 70E TR on Third creek Rd Next to last Hse on left before calvary church S. R. No. ______

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

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

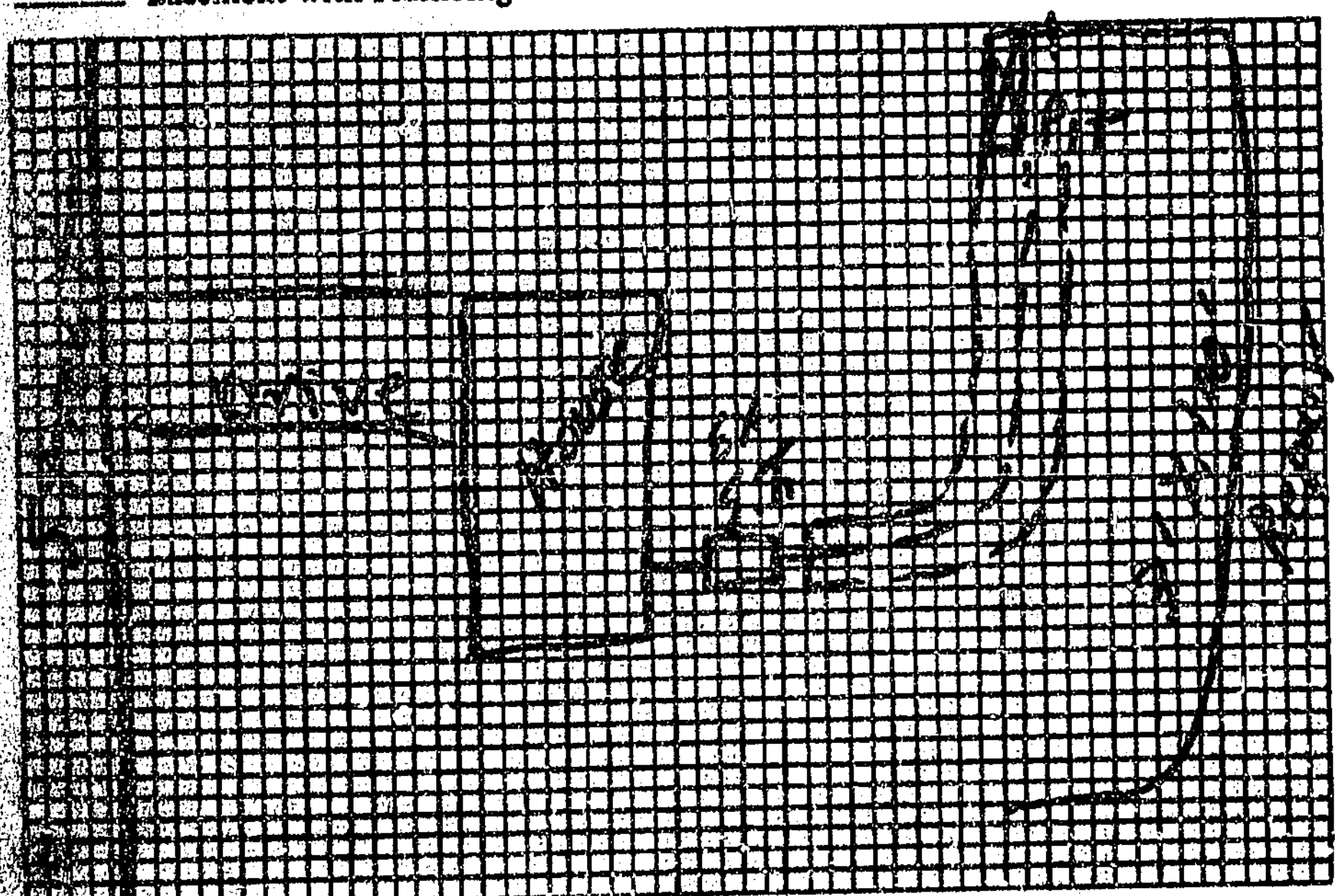
No. Bedrooms ______ No. Bathrooms ______

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

Character & Porosity of Soil Clayey
Percolation Rate 1.4
Topography 3 to 6%
Depth to Water Table 10'+
Rock or other impervious formations none

Lot Area ______

______ Basement with Plumbing ______ Basement without Plumbing ______ No Basement



Plot of System

Size of Tank Existing Gals.
Nitrification Field:
No. of Lines 1
Sq. Ft. 300 Linear Ft. 100
Depth of Stone in Lines 12"
Water Supply: Individual ( )
Public (✓)

+16 Ton Pit

Installed by Donald [illegible]

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

Signed: ______

IMPROVEMENTS PERMIT BY L. C. Moore

COMMENTS: ______

CERTIFICATE OF COMPLETION BY L. C. Moore DATE 3-14-88

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