08920

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 Calvin Johnson DATE 6-8-88 PERMIT NO. _____

PHONE: Business _____ Home _____

LOCATION: Hwy 115 N - R on Jetco Rd Mobile Home on Right S. R. No. _____

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

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

No. Bedrooms 2 No. Bathrooms 2

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

Character & Porosity of Soil Clay Loam

Percolation Rate 2 gal/sq ft/day

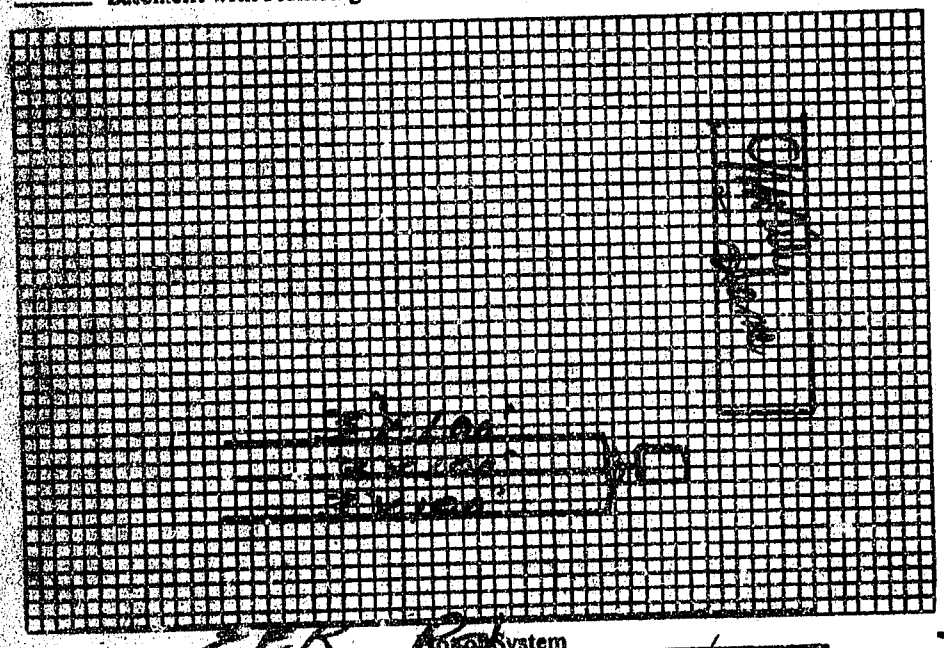
Topography Slope

Depth to Water Table 48"

Rock or other impervious formations None Encountered

Lot Area _____

_____ Basement with Plumbing _____ Basement without Plumbing ✓ No Basement



Size of Tank 1000 Gals.

Nitrification Field:

No. of Lines 3

Sq. Ft. 700 Linear Ft. 300

Depth of Stone in Lines 24"

Water Supply: Individual (✓)

Public ( )

Installed by Jason Sutton

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

Signed: _____

EZB Rotary System

IMPROVEMENTS PERMIT BY Darren Weaver for DK

COMMENTS: _____

CERTIFICATE OF COMPLETION BY Darren Weaver for DK DATE 6/8/88

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