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 Roger Johnson

PHONE: Business ________ Home ________ DATE 12 4 90 PERMIT NO. ________

LOCATION 115N R Brice 1mi on Left on private Drive before Estes

SUBDIVISION NAME ________ LOT NO. ________ S. R. No. ________ SECTION OR BLOCK NO. ________

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

No. Bedrooms ________ No. Bathrooms ________

Garbage Disposal Unit Yes ( ) No ( )

Auto. Dishwasher Yes ( ) No ( )

Auto. Wash. Machine Yes ( ) No ( )

Site Suitable Yes ( ) No ( )

Lot Area ________

Character & Porosity of Soil ________ Existing

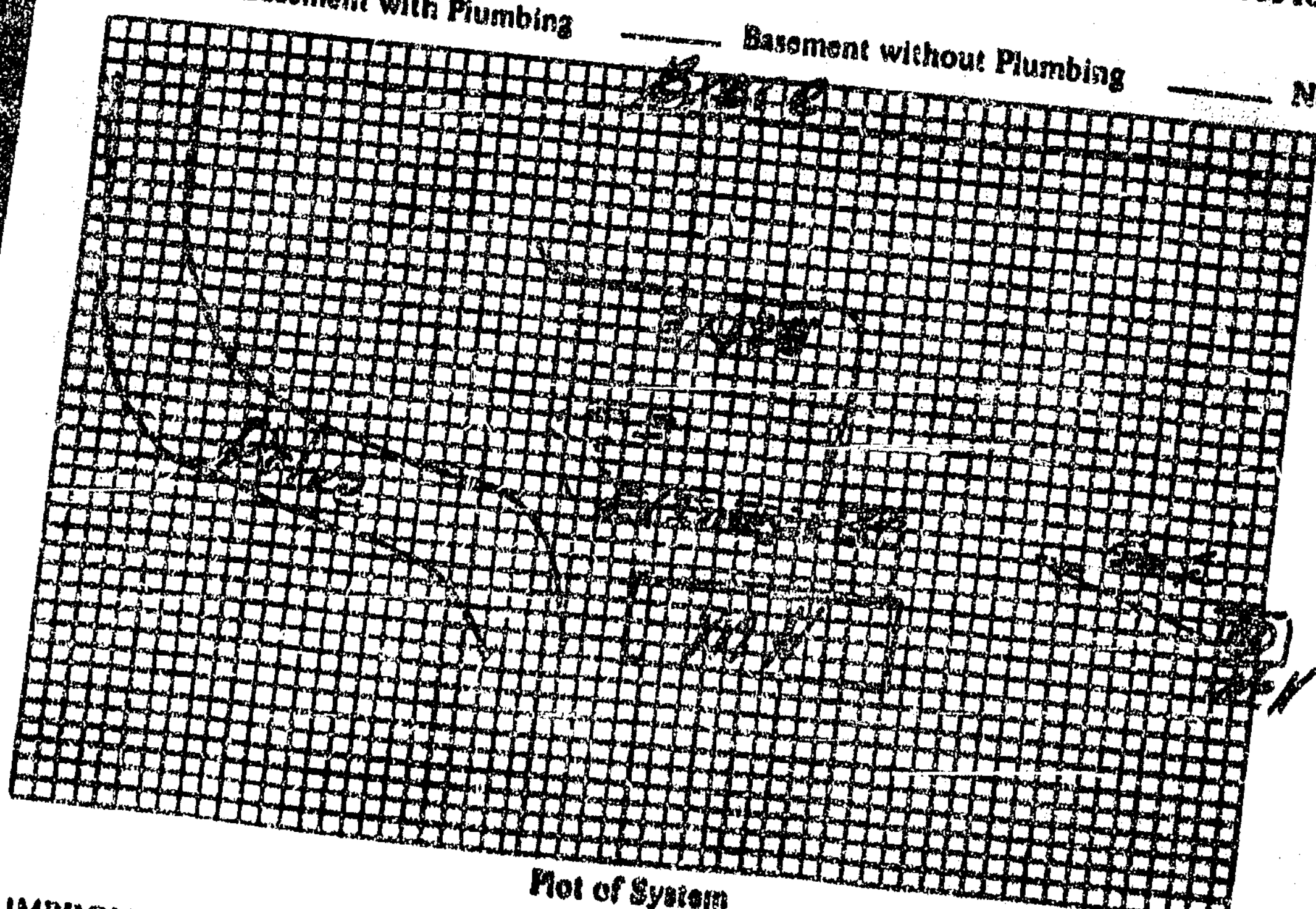
Percolation Rate ________

Topography ________

Depth to Water Table ________

Rock or other impervious formations ________

____ Basement with Plumbing ____ Basement without Plumbing ____ No Basement



Plot of System

Size of Tank Existing Gals.

Nitrification Field:

No. of Lines 1

Sq. Ft. 345 Linear Ft. 115

Depth of Stone in Lines 12"

Water Supply: Individual (✓)

Public ( )

Installed by Kenny Pearson

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

Signed: ________

IMPROVEMENTS PERMIT BY D Weaver

COMMENTS: ________

CERTIFICATE OF COMPLETION BY D Weaver DATE 12 4 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