06727

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 11/13/82 PERMIT NO. _____

PHONE: Business _____ Home _____

LOCATION 115 N, Rt on Webb (At Wilkes Cnty), 1/4 mile on Lt S. R. No. _____

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

House ( ) Mobile Home ( ) Business ( ) Other Business – System for 10 employees

No. Bedrooms _____ 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

Percolation Rate 0.5 gpd/ft²

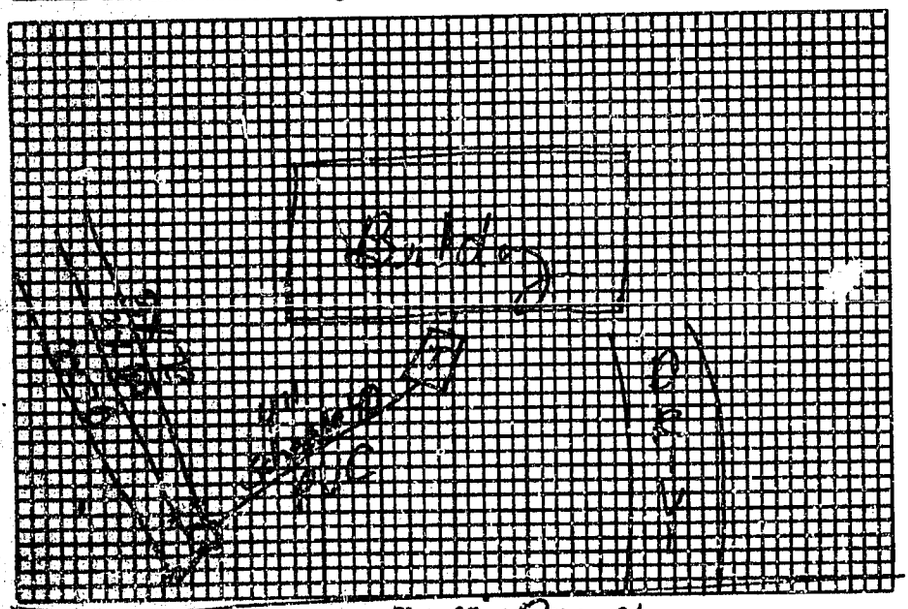
Topography 2-6% slope

Depth to Water Table 10'+

Rock or other impervious formations None noted

Lot Area _____

_____ Basement with Plumbing _____ Basement without Plumbing ___/___ No Basement



Size of Tank 1000 Gals.

Nitrification Field:

No. of Lines 3

Sq. Ft. 600 Linear Ft. 200

Depth of Stone in Lines 12"

Water Supply: Individual (✓ To be drilled

Public ( )

Installed by Carlos Johnson

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

Signed: _____

IMPROVEMENTS PERMIT BY Zeb Steve Brown

COMMENTS: Keep well 100' from septic system. Good quality installation.

CERTIFICATE OF COMPLETION BY [signature] DATE 11/13/82

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