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IREDELL COUNTY HEALTH DEPARTMENT VOIDS PREVIOUS PERMIT

(SEPTIC TANK) IMPROVEMENTS PERMIT AND CERTIFICATE OF COMPLETION ISSUED 10/15/90
(Ground Absorption Sewage Disposal System -- G. S. Chapter 130-Article 13C)

12082

OWNER OR CONTRACTOR CARL B. JOHNSON DATE 10/17/90 PERMIT NO. 130-A-21

PHONE: Business 876-6658 Home

LOCATION NC 115 N. TR FRIENDSHIP, TL MT. VERNON ~1mi TR
BETWEEN 2 MH - LONG DRIVE TO HOUSE S. R. No.

SUBDIVISION NAME LOT NO. SECTION OR BLOCK NO.

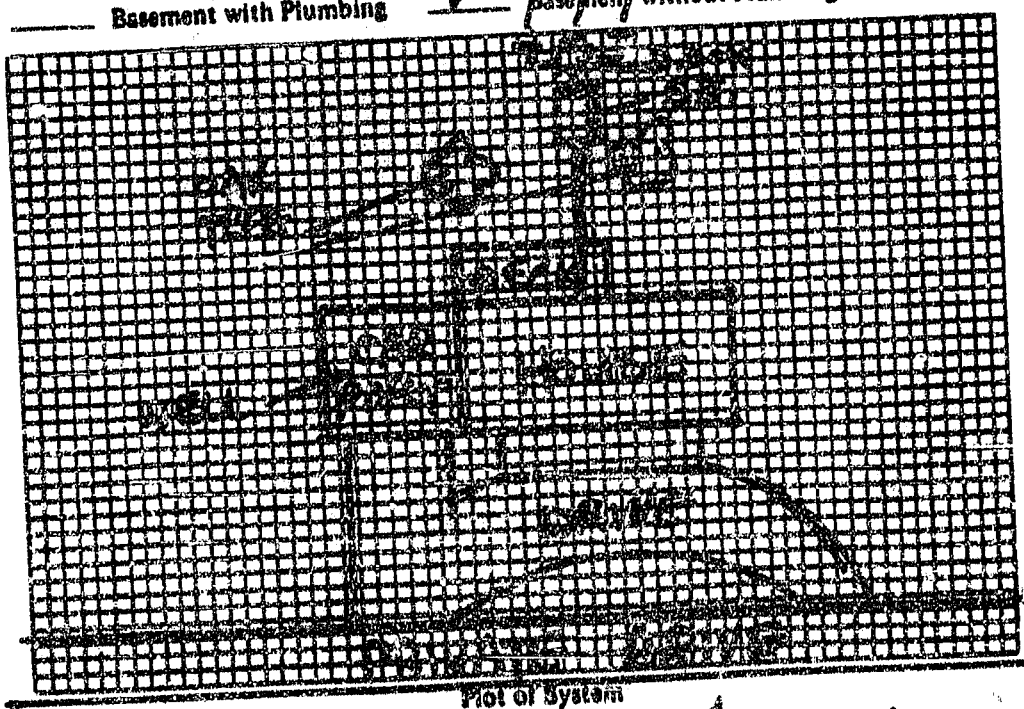
House (✓) Mobile Home ( ) Business ( ) Other REMODELED

No. Bedrooms 3 No. Bathrooms 1

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

Character & Porosity of Soil EXISTING
Percolation Rate
Topography
Depth to Water Table
Rock or other impervious formations

Lot Area
_____ Basement with Plumbing ✓ Basement without Plumbing _____ No Basement



Plot of System

Size of Tank EXISTING Gals.
Nitrification Field:
No. of Lines
Sq. Ft. Linear Ft.
Depth of Stone in Lines
Water Supply: Individual ( )
Public ( )

Installed by

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

Signed:

IMPROVEMENTS PERMIT BY

COMMENTS: ① GARBAGE DISPOSAL NOT APPROVED FOR THIS SYSTEM.
② MOW AREA OVER LINES PERIODICALLY TO ALLOW EVAPORATION.

CERTIFICATE OF COMPLETION BY DATE

EXISTING SYSTEM CHECKED BY: STEVE HEDRICK DATE 10/17/90

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