35160

IREDELL COUNTY HEALTH DEPARTMENT

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

0447

OWNER OR CONTRACTOR Marcus Johnson DATE 2590 PERMIT NO. BL-A-11

PHONE: Business _____ Home _____

LOCATION Exit 38 Turnersville L Jesse R Clin 2nd house on Right
off Williamsburg

S. R. No. _____

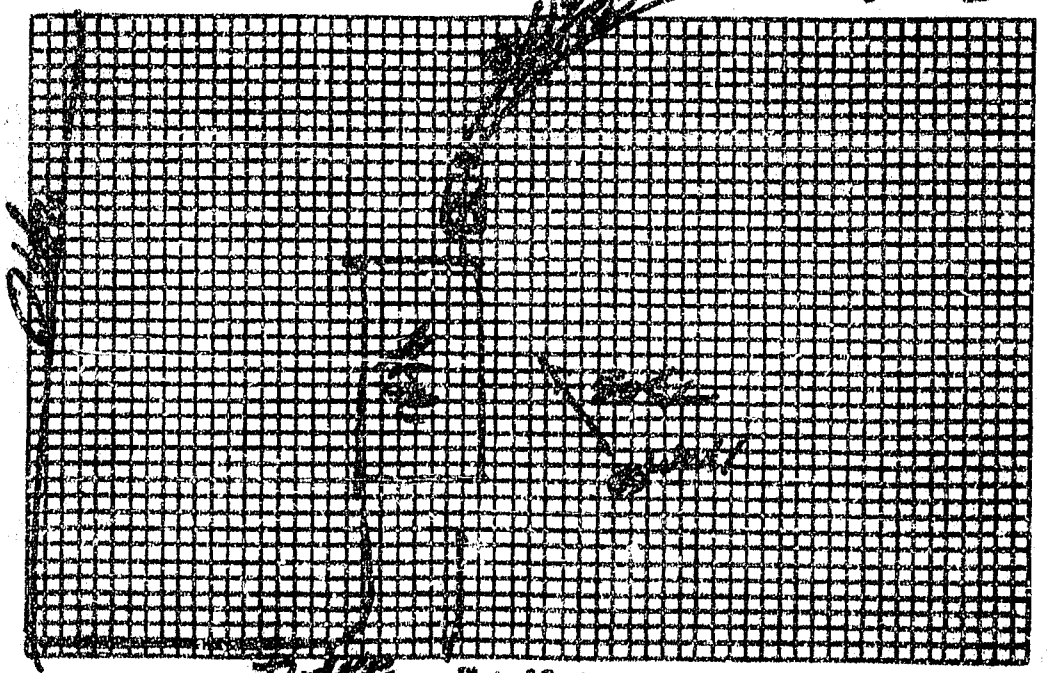
SUBDIVISION NAME _____ LOT NO. _____ SECTION OR BLOCK NO. _____

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

No. Bedrooms 3 No. Bathrooms 2

Garbage Disposal Unit	Yes ( )	No (✓)	Character & Porosity of Soil	Drow Suitable	
Auto. Dishwasher	Yes (✓)	No ( )	Percolation Rate	2	
Auto. Wash. Machine	Yes (✓)	No ( )	Topography	Flat	
Site Suitable	Yes (✓)	No ( )	Depth to Water Table	10ft	
Lot Area 2.01 AC			Rock or other impervious formations	Bedrock	

_____ Basement with Plumbing _____ Basement without Plumbing ✓ No Basement



Plot of System

Size of Tank 1000 Gals.

Nitrification Field:
No. of Lines 2
Sq. Ft. 300 Linear Ft. 300
Depth of Stone in Lines 12"

Water Supply: Individual (✓)
Public ( )

Installed by John Mires

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

Signed: _____

IMPROVEMENTS PERMIT BY D Means

COMMENTS: _____

CERTIFICATE OF COMPLETION BY D Means DATE 2-25-90

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