IREDELL COUNTY HEALTH DEPARTMENT

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

REPAIR
OWNER OR CONTRACTOR ~~B~~ LARRY JOHNSON DATE 12/5/91 PERMIT NO. REPAIR

PHONE: Business _____ Home _____

LOCATION US 21 N, TR NC 901 E, TR CRANFILL ROAD, 1ST DOUBLE WIDE ON (L) ~ 1/4 MILE. 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 (✓)
Auto. Dishwasher Yes (✓) No ( )
Auto. Wash. Machine Yes (✓) No ( )
Site Suitable Yes (✓) No ( )

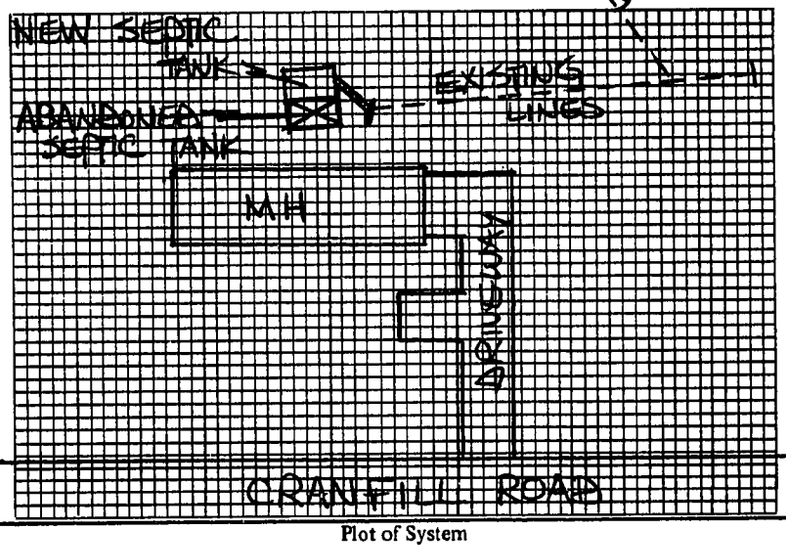
Character & Porosity of Soil _____
Percolation Rate _____
Topography _____
Depth to Water Table _____
Rock or other impervious formations _____

EXISTING

Lot Area AMPLE

_____ Basement with Plumbing _____ Basement without Plumbing _____ No Basement

ACP 10/2/91



Plot of System

Size of Tank 1000 Gals.
Nitrification Field:
No. of Lines —
Sq. Ft. — Linear Ft. —
Depth of Stone in Lines —
Water Supply: Individual ( )
Public ( )

Installed by SAMMY REAVIS

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

Signed: _____

IMPROVEMENTS PERMIT BY STEVE HEDRICK

COMMENTS: OLD TANK COLLAPSED & FILLED W/ SOIL.

CERTIFICATE OF COMPLETION BY STEVE HEDRICK DATE 12/5/91

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