## 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 WALTER JOHNSON DATE 11/13/91 PERMIT NO. REPAIR

PHONE: Business _____ Home _____

LOCATION US 21 N TL HOUSTONVILLE ROAD, ON (L) PAST HOLLY SPRINGS BAPTIST CHURCH S. R. No. _____

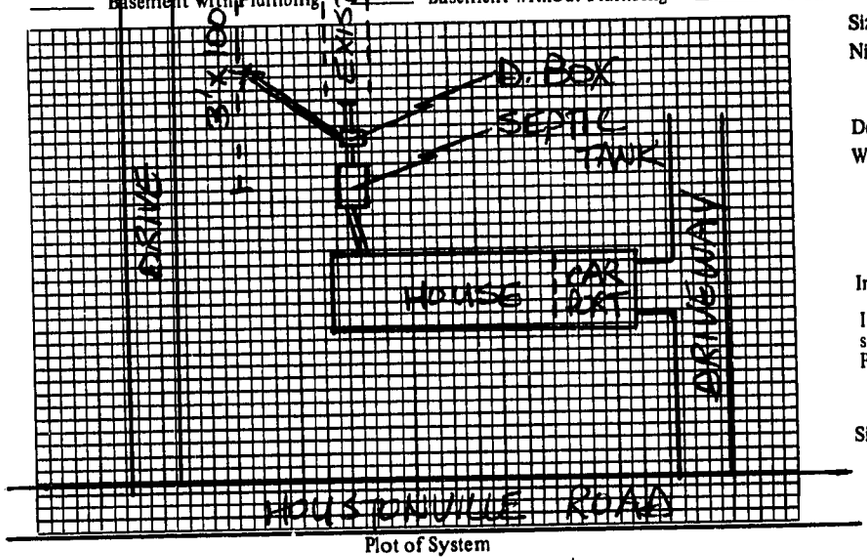
SUBDIVISION NAME _____ LOT NO. _____ SECTION OR BLOCK NO. _____

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

| | | | | |
|---|---|---|---|---|
| No. Bedrooms | 3 | No. Bathrooms | 1 1/2 | |
| Garbage Disposal Unit | | Yes ( ) | No (✓) | |
| Auto. Dishwasher | | Yes ( ) | No ( ) | |
| Auto. Wash. Machine | | Yes ( ) | No ( ) | |
| Site Suitable | | Yes (✓) | No ( ) | |
| Lot Area | | | | |

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

_____ Basement with Plumbing _____ Basement without Plumbing _____ No Basement



Plot of System

Size of Tank EXISTING Gals.
Nitrification Field:
No. of Lines 1
Sq. Ft. 300 Linear Ft. 100
Depth of Stone in Lines 12"
Water Supply: Individual (✓) WELL
Public ( )

Installed by SAMMY DAVIS

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

Signed: _____

IMPROVEMENTS PERMIT BY STEVE HEDRICK

COMMENTS: _____

CERTIFICATE OF COMPLETION BY STEVE HEDRICK DATE 11/13/91

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