

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 Tommy Johnson DATE 4-18-90 PERMIT NO. _____

PHONE: Business _____ Home _____

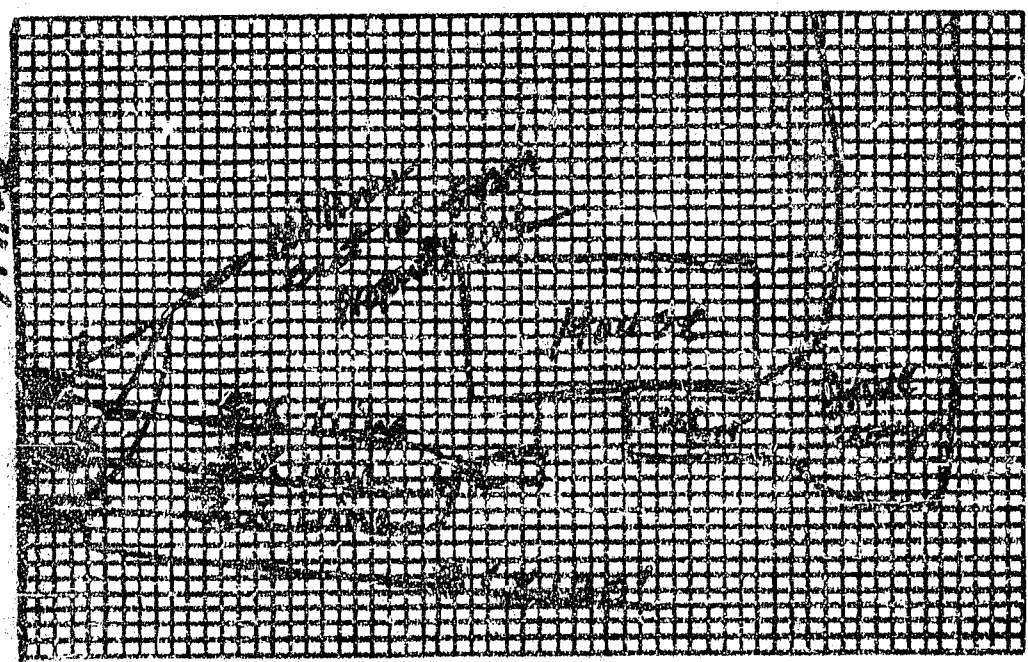
LOCATION Farmwood 1st Hse on left off Bell Rd S. R. No. _____

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

House () Mobile Home () Business () Other Repair

No. Bedrooms _____	No. Bathrooms _____	Character & Porosity of Soil <u>Clayey</u>
Garbage Disposal Unit	Yes () No ()	Percolation Rate <u>3</u>
Auto. Dishwasher	Yes () No ()	Topography <u>2 + 6 7/8</u>
Auto. Wash. Machine	Yes () No ()	Depth to Water Table <u>10'</u>
Site Suitable	Yes () No ()	Rock or other impervious formations <u>none</u>

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



Size of Tank EX. Gals.
 Nitrification Field:
 No. of Lines 1
 Sq. Ft. 360 Linear Ft. 120
 Depth of Stone in Lines 12"
 Water Supply: Individual ()
 Public ()

Installed by WES System

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

Signed: _____

IMPROVEMENTS PERMIT BY J. C. Moore

COMMENTS: _____

CERTIFICATE OF COMPLETION BY J. C. Moore DATE 4-18-90

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