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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 Charles Kent Rae DATE 12-23-04 PERMIT NO. _____

PHONE: Business _____ Home 922-1216

LOCATION Hwy 70 E. past mid Hwy 70 E

_____ S. R. No. _____

SUBDIVISION NAME Forest Ridge Estates LOT NO. 29 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 ( )

Lot Area 2 acre sq. feet

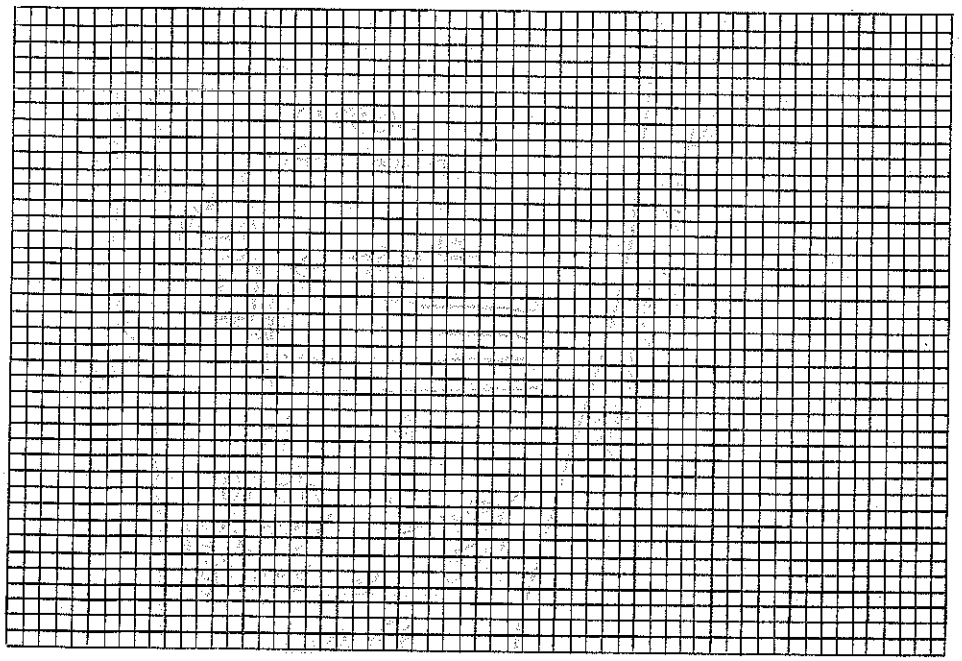
Character & Porosity of Soil Fair clay Sandstone

Percolation Rate _____

Topography _____

Depth to Water Table _____

Rock or other impervious formations _____



Plot of System

Size of Tank 1000 Gals.

Nitrification Field:

No. of Lines 4

Sq. Ft. 400 Linear Ft. 200

Depth of Stone in Lines 24

Water Supply: Individual ( )

Public (✓)

Installed by Carson Stanley

Jan 6-05

See Permit No. 216 of 1990 in Septic file

IMPROVEMENTS PERMIT BY _____

COMMENTS: Keep standpipe at least 10' away from septic Tank for Lawn Field. This system must be level and installed with use restrictions at time of this inspection 9-23-04

CERTIFICATE OF COMPLETION BY _____ DATE _____

CONSTRUCTION MUST COMPLY WITH ALL OTHER APPLICABLE STATE AND LOCAL REGULATIONS.

Health Dept. Copy: White Inspection Dept. Copy: Yellow Sanitarian's Copy: Pink Owner's Copy: Gold