0 7007

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 SAME WATERS DATE 8-31-87 PERMIT NO. _____

PHONE: Business _____ Home _____

LOCATION Hwy 90W - T.R. on Little Farm Rd - approx. 3/8 mi. - T.L. on 1st entrance to Dev. - approx. 1/4 mi. on left. S. R. No. _____

SUBDIVISION NAME CEDAR RIDGE DEV. LOT NO. 12 SECTION OR BLOCK NO. _____

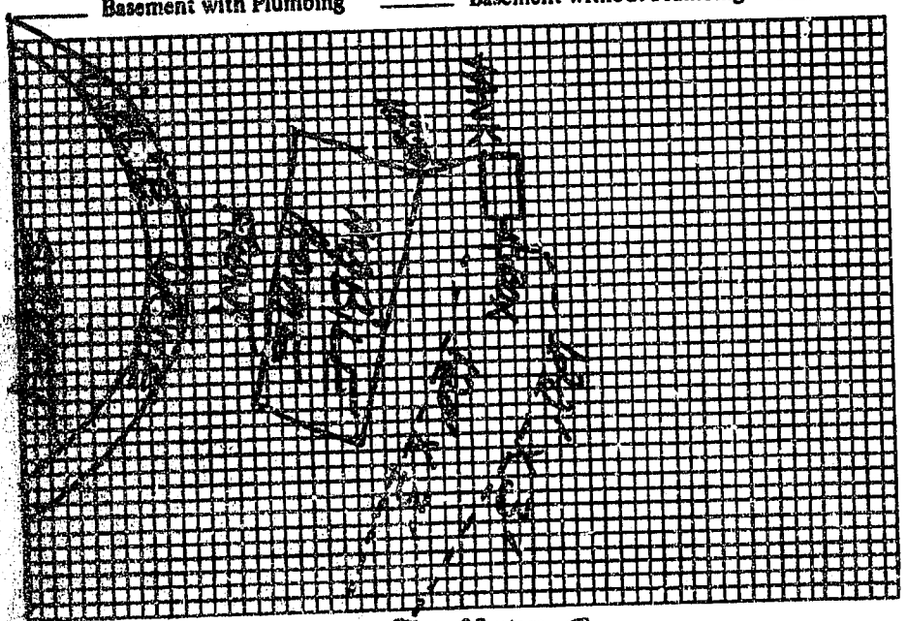
House ( ) Mobile Home (✓) Business ( ) Other _____

No. Bedrooms 3 No. Bathrooms 1

Garbage Disposal Unit	Yes ( )	No (✓)	Character & Porosity of Soil	Poor	Suitable.
Auto. Dishwasher	Yes ( )	No (✓)	Percolation Rate	5 min/in.	
Auto. Wash. Machine	Yes (✓)	No ( )	Topography	1-2%	
Site Suitable	Yes (✓)	No ( )	Depth to Water Table	12"+	
			Rock or other impervious formations	None observed.	

Lot Area 3/4 acre.

_____ Basement with Plumbing _____ Basement without Plumbing ✓ No Basement



Plot of System

Size of Tank 1000 Gals.

Nitrification Field:
No. of Lines 2
Sq. Ft. 720 Linear Ft. 240
Depth of Stone in Lines 12"

Water Supply: Individual ( )
Public (✓)

Installed by Barry Sigmon

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

Signed: _____

IMPROVEMENTS PERMIT BY Steve Brown

COMMENTS: _____

CERTIFICATE OF COMPLETION BY Steve Brown DATE 8-31-87

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