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 1003 Heritage Investments DATE 32290 PERMIT NO. _____

PHONE: Business _____ Home _____

LOCATION Hwy 901 West Turn L Cedar Ridge 1/4 mile on Right _____ S. R. No. _____

SUBDIVISION NAME Cedar Ridge LOT NO. 34 SECTION OR BLOCK NO. _____

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

No. Bedrooms 2 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 Fair Suitable
Percolation Rate 31 & 51
Topography Fair
Depth to Water Table 48+
Rock or other impervious formations None

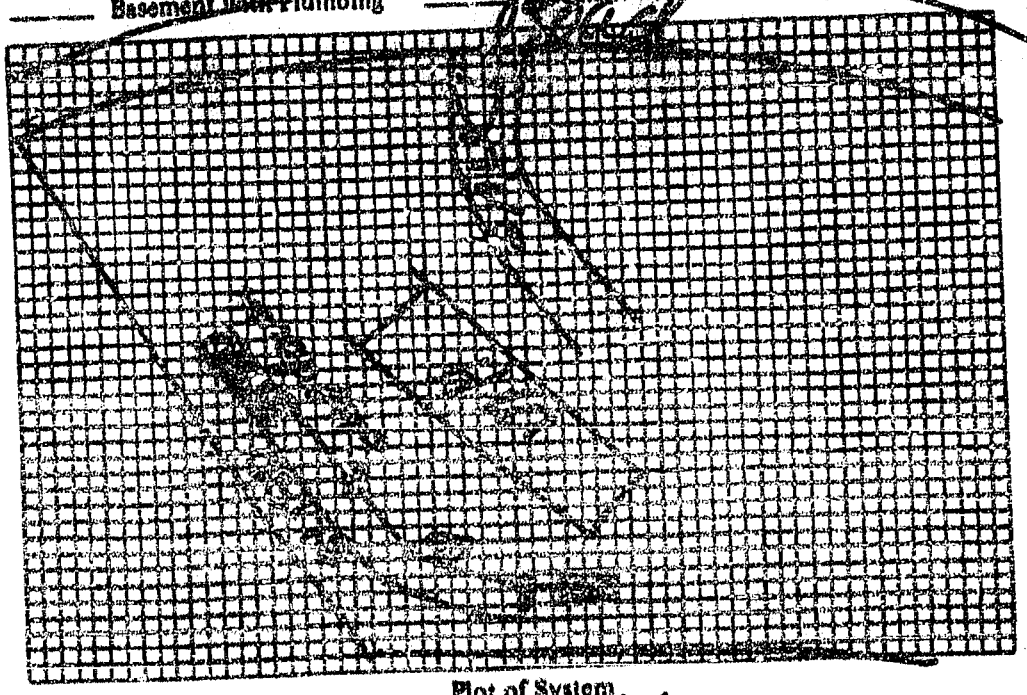
Lot Area 3/4 AC

_____ Basement with Plumbing _____ Basement without Plumbing No Basement

Size of Tank 1000 Gals.

Nitrification Field:
No. of Lines 2
Sq. Ft. 720 Linear Ft. 240
Depth of Stone in Lines 18"

Water Supply: Individual ( )
Public (✓)



Plot of System

Installed by James Huddle

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

Signed: _____

IMPROVEMENTS PERMIT BY D Shaw

COMMENTS: _____

CERTIFICATE OF COMPLETION BY D Shaw DATE 32290

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