IREDELL COUNTY HEALTH DEPARTMENT

(SEPTIC TANK) IMPROVEMENTS PERMIT AND CERTIFICATE OF COMPLETION

(Ground Absorption Sewage Disposal System -- G. S. Chapter 130-Article 13C)

13221

OWNER OR CONTRACTOR KARAN P. MORRISON DATE 9/30/91 PERMIT NO. 9A-12-A-41

PHONE: Business _____ Home _____

LOCATION NC 90 W, TR LITTLE FARM RD, TL 1ST CEDAR RIDGE LANE. ENTRANCE, TR CEDARBROOK TO CUL-DE-SAC AT END

SUBDIVISION NAME _____ LOT NO. _____ SECTION OR BLOCK NO. _____ S. R. No. _____

House ( ) Mobile Home (✓) ~~ABLE WIRE~~ 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 ~ 3/4 AC

Character & Porosity of Soil PS

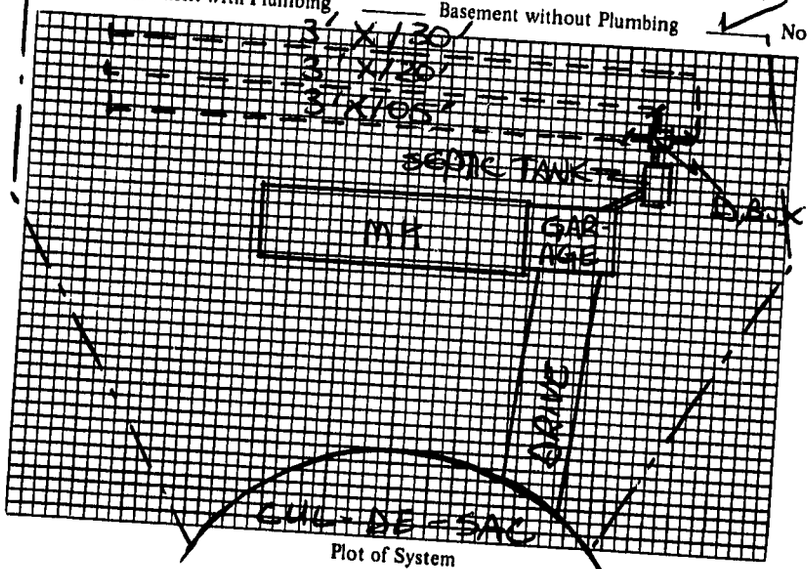
Percolation Rate .35 GPD / FT2

Topography 2-4% R

Depth to Water Table > 4'

Rock or other impervious formations NONE

_____ Basement with Plumbing _____ Basement without Plumbing ✓ No Basement TP 6/18/91



Plot of System

Size of Tank 1000 Gals.

Nitrification Field:

No. of Lines 3

Sq. Ft. 1035 Linear Ft. 345

Depth of Stone in Lines 12"

Water Supply: Individual ( )

Public (✓)

Installed by JAMES HUBLER

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

EXISTING SYSTEM CHECKED BY: _____ DATE 9/30/91

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

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