932-1

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 Ronald Stephens DATE 6-19-69 PERMIT NO. _____

PHONE: Business _____ Home _____

LOCATION Hwy 90 W. TR Little Farm Rd. & Cedar Ridge

S. R. No. _____

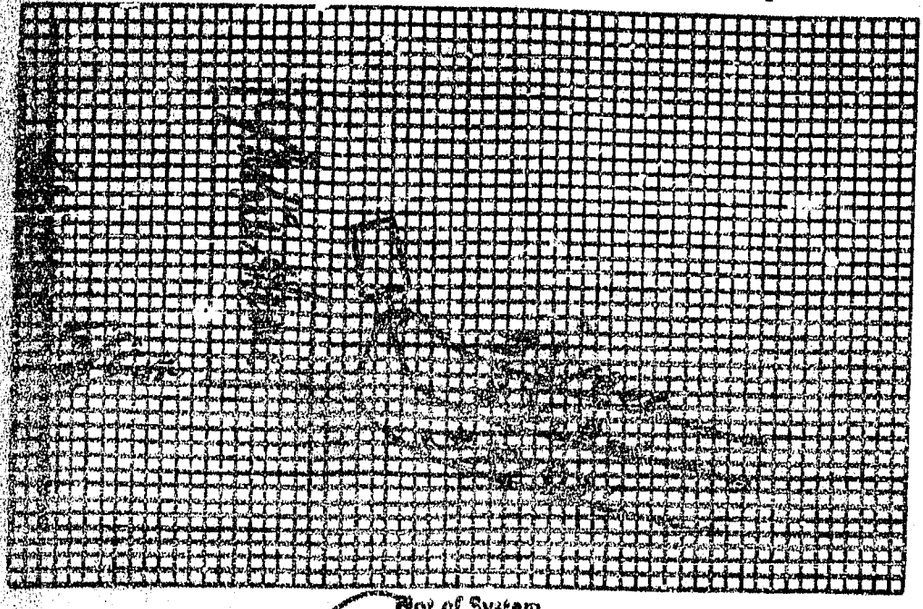
SUBDIVISION NAME Cedar Ridge LOT NO. 37 SECTION OR BLOCK NO. _____

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

No. Bedrooms 3 No. Bathrooms 2

Garbage Disposal Unit	Yes ( )	No (✓)	Character & Porosity of Soil Clay Loam
Auto. Dishwasher	Yes ( )	No (✓)	Percolation Rate 2-60"
Auto. Wash. Machine	Yes (✓)	No ( )	Topography
Site Suitable	Yes (✓)	No ( )	Depth to Water Table 10'
Lot Area 3/4 Acre			Rock or other impervious formations None

_____ Basement with Plumbing _____ Basement without Plumbing ✓ No Basement



Size of Tank 1000 Gals.

Nitrification Field:
No. of Lines 3
Sq. Ft. 400 Linear Ft. 300
Depth of Stone in Lines 12

Water Supply: Individual ( )
Public (✓)

Installed by Myers Bros.

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

Signed: _____

Plot of System

IMPROVEMENTS PERMIT BY D. Weaver

COMMENTS: _____

CERTIFICATE OF COMPLETION BY _____ DATE 6-24-69

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