07439

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 Diana Hickel DATE 10/8/87 PERMIT NO. _____

PHONE: Business _____ Home _____

LOCATION 90 W, R on Little Farm, Lf into development, 1/4 mile on Lf S. R. No. _____

SUBDIVISION NAME Cedar Ridge LOT NO. 9 SECTION OR BLOCK NO. _____

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

No. Bedrooms 2 No. Bathrooms 1

Garbage Disposal Unit	Yes ( )	No (✓)	
Auto. Dishwasher	Yes ( )	No (✓)	
Auto. Wash. Machine	Yes (✓)	No ( )	
Site Suitable	Yes (✓)	No ( )	

Lot Area Ample

Character & Porosity of Soil Prov Suitable

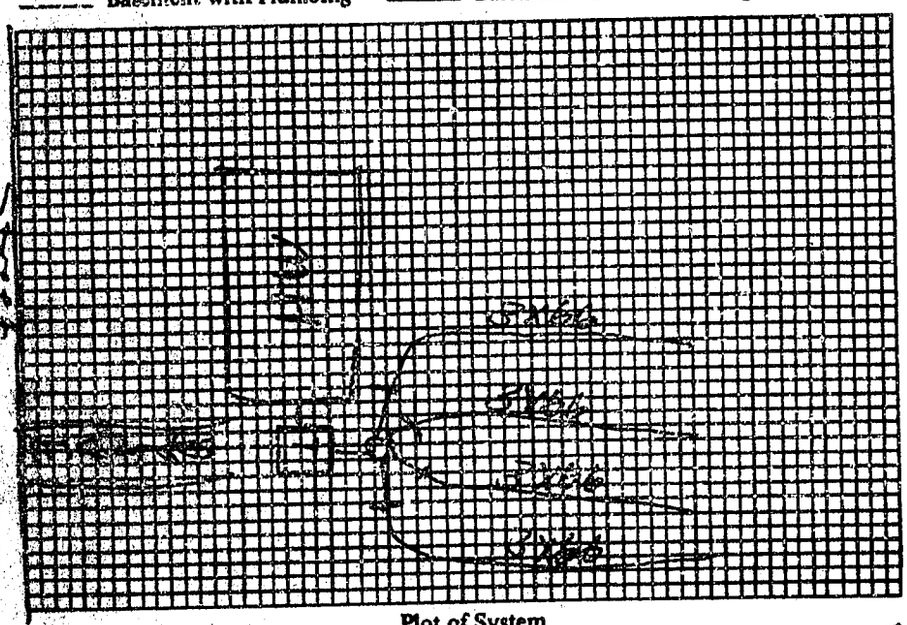
Percolation Rate 0.4 gal/Sq Ft/day

Topography 2-6%

Depth to Water Table 10'+

Rock or other impervious formations None Noted

_____ Basement with Plumbing _____ Basement without Plumbing _____ No Basement



Plot of System

Size of Tank 1000 Gals.

Nitrification Field:
No. of Lines 4
Sq. Ft. 120 Linear Ft. 840
Depth of Stone in Lines 12"

Water Supply: Individual (.)
Public (✓)

Installed by _____

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

Signed: _____

IMPROVEMENTS PERMIT BY Eric Brown RS

COMMENTS: _____

CERTIFICATE OF COMPLETION BY _____ DATE 10/23/87

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