10178

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 EVERETTE CAMPBELL DATE 7-13-89 PERMIT NO C 10.

PHONE: Business _____ Home _____

LOCATION Hwy 90 W-T.R on Little Fork Rd - 3/4 mi on Left

SUBDIVISION NAME CEDAR RIDGE DEV S. R. No. _____

LOT NO. 38 SECTION OR BLOCK NO. _____

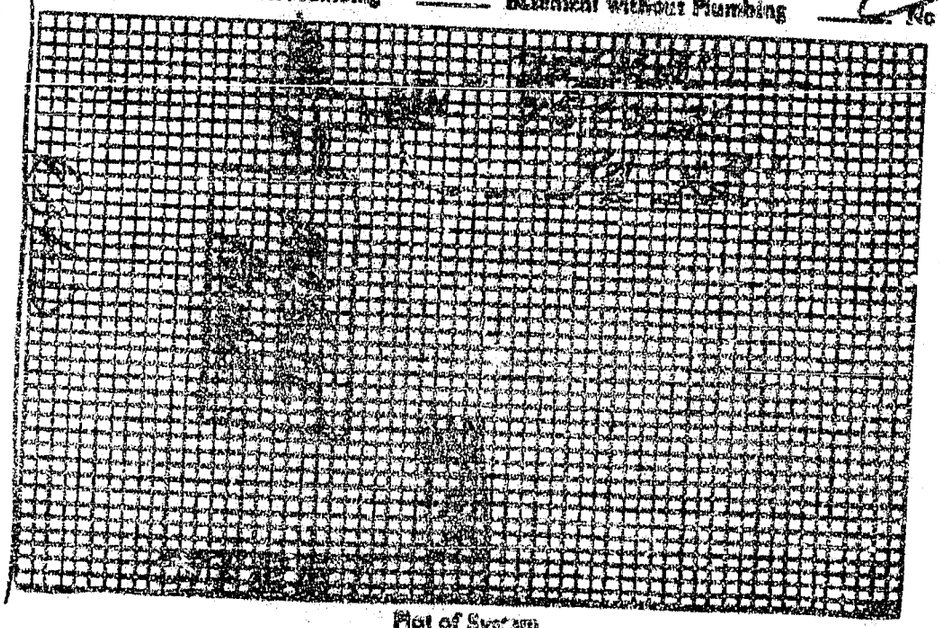
House ( ) Mobile Home (✓) Business ( ) Other _____

No. Bedrooms 2 No. Bathrooms 2

Garbage Disposal Unit	Yes ( )	No (✓)	Character & Porosity of Soil Loam Suitable
Auto. Dishwasher	Yes (✓)	No ( )	Percolation Rate 2 Min/Inch
Auto. Wash. Machine	Yes (✓)	No ( )	Topography Level
Site Suitable	Yes (✓)	No ( )	Depth to Water Table 30+
			Rock or other impervious formations None observed

Lot Area 1 Acre

_____ Basement with Plumbing _____ Basement without Plumbing (✓) No Basement



Plot of System

Size of Tank 1000 Gals.

Nitrification Field:
No. of Lines 3
Sq. Ft. 150 Lineal Ft. 240
Depth of Stone in Lines 12

Water Supply: Individual ( )
Public (✓)

Installed by Chuck Jones

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

Signed: _____

IMPROVEMENTS PERMIT BY Dessie Meeks

COMMENTS: _____

CERTIFICATE OF COMPLETION BY Steve Brown DATE 7-13-89

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