07380

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 SHANNON SHULER DATE 9-23-87 PERMIT NO. _____

PHONE: Business _____ Home _____

LOCATION From Hwy 90 W - T.L. on 1st entrance to dev. the T.R. on 1st st. - 2nd lot on left S. R. No. _____

SUBDIVISION NAME CEDAR RIDGE DEV. LOT NO. 39 SECTION OR BLOCK NO. _____

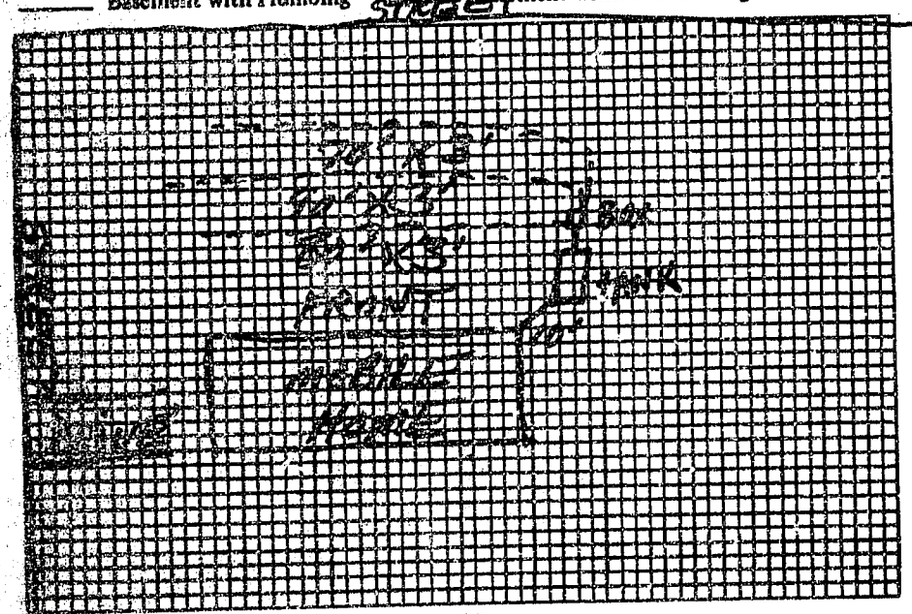
House ( ) Mobile Home (✓) Business ( ) Other _____

No. Bedrooms 3 No. Bathrooms 2

Garbage Disposal Unit	Yes ( )	No (✓)	Character & Porosity of Soil	Prev. Suitable	
Auto. Dishwasher	Yes ( )	No (✓)	Percolation Rate	2-60 min/in.	
Auto. Wash. Machine	Yes (✓)	No ( )	Topography	Level	
Site Suitable	Yes (✓)	No ( )	Depth to Water Table	104	
			Rock or other impervious formations	none observed	

Lot Area 1 acre.

_____ Basement with Plumbing _____ Basement without Plumbing ✓ No Easement



Plot of System

Size of Tank 1000 Gals.

Nitrification Field:
No. of Lines 3
Sq. Ft. 720 Linear Ft. 240
Depth of Stone in Lines 12"

Water Supply: Individual ( )
Public (✓)

Installed by Dennis Gallihen

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

Signed: _____ _____

IMPROVEMENTS PERMIT BY Steve Brown

COMMENTS: _____

CERTIFICATE OF COMPLETION BY Steve Brown DATE 9-23-87

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