IREDELL COUNTY HEALTH DEPARTMENT

(SEPTIC TANK) IMPROVEMENTS PERMIT AND CERTIFICATE OF COMPLETION
(Ground Absorption Sewage Disposal System -- G. S. Chapter 130-Article 13C)

14144

OWNER OR CONTRACTOR SANDY JONGBERG DATE 3/2/92 PERMIT NO. 92-12-A-4

PHONE: Business _____ Home _____

LOCATION NC 90 W, TR LITTLE FARM ROAD, 2ND MH ON (L) PAST 1ST CEDAR RIDGE ENTRANCE S. R. No. _____

SUBDIVISION NAME CEDAR RIDGE LOT NO. 4 SECTION OR BLOCK NO. _____

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

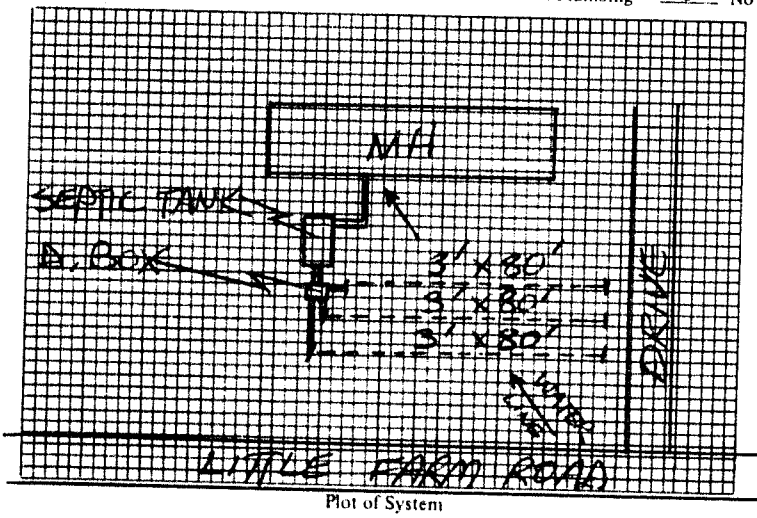
No. Bedrooms 3 No. Bathrooms 2

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

Lot Area 0.8 AC

Character & Porosity of Soil _____
Percolation Rate _____
Topography _____
Depth to Water Table EXISTING
Rock or other impervious formations _____

_____ Basement with Plumbing _____ Basement without Plumbing ✓ No Basement



Plot of System

EXISTING
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 TOMMY COTHREN

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

Signed: _____

IMPROVEMENTS PERMIT BY _____

COMMENTS ① MH IS MANUFACTURED 4 BR WITH DOCUMENTATION THAT 1 BR WILL BE USED AS OFFICE. ② MH NOT ON SITE AT TIME OF INSPECTION, KEEP MH MINIMUM 5' FROM SEPTIC SYSTEM. ③ WATER LINE CURRENTLY CROSSES SYSTEM.

CERTIFICATE OF COMPLETION BY _____ DATE _____

EXISTING SYSTEM CHECKED BY STEVE HEDRICK DATE 3/2/92

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