IREDELL COUNTY HEALTH DEPARTMENT

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

13745

OWNER OR CONTRACTOR SAL LENZA DATE 12/18/91 PERMIT NO. 91-12

PHONE: Business _____ Home _____

LOCATION NC 90 W, TR LITTLE FARM ROAD, ON (L) BEFORE 2ND CEDAR RIDGE LANE ENTRANCE S. R. No. _____

SUBDIVISION NAME CEDAR RIDGE LOT NO. 3 SECTION OR BLOCK NO. I

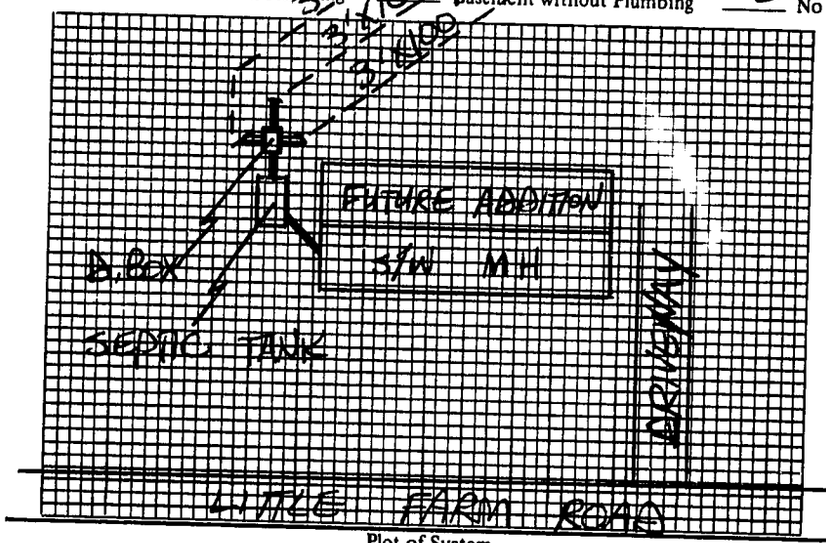
House ( ) Mobile Home (✓) Business ( ) Other _____

No. Bedrooms 3 No. Bathrooms 2

Garbage Disposal Unit	Yes ( )	No (✓)	Character & Porosity of Soil PS
Auto. Dishwasher	Yes (✓)	No ( )	Percolation Rate .4 GPD / FT2
Auto. Wash. Machine	Yes (✓)	No ( )	Topography 6-8% HS
Site Suitable	Yes (✓)	No ( )	Depth to Water Table >4'
Lot Area AMPLE			Rock or other impervious formations SCATTERED ROCK

_____ Basement with Plumbing _____ Basement without Plumbing ✓ No Basement

DELLINGER 11/1/91



Plot of System

Size of Tank 1000 Gals.

Nitrification Field:
No. of Lines 3
Sq. Ft. 900 Linear Ft. 300
Depth of Stone in Lines 12"

Water Supply: Individual ( )
Public (✓)

Installed by KEN DELLINGER

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

Signed: _____

IMPROVEMENTS PERMIT BY STEVE HEDRICK

COMMENTS: _____

CERTIFICATE OF COMPLETION BY STEVE HEDRICK DATE 12/18/91

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