IREDELL COUNTY HEALTH DEPARTMENT

10035 (SEPTIC TANK) IMPROVEMENTS PERMIT AND CERTIFICATE OF COMPLETION
(Ground Absorption Sewage Disposal System -- G. S. Chapter 130-Article 13C)

OWNER OR CONTRACTOR Emil K Rogers DATE 2-5-82 PERMIT NO. _____

PHONE: Business _____ Home _____

LOCATION Hwy 90 W TR on Little Fork Rd S. R. No. _____

SUBDIVISION NAME Cedar Ridge LOT NO. 32 SECTION OR BLOCK NO. _____

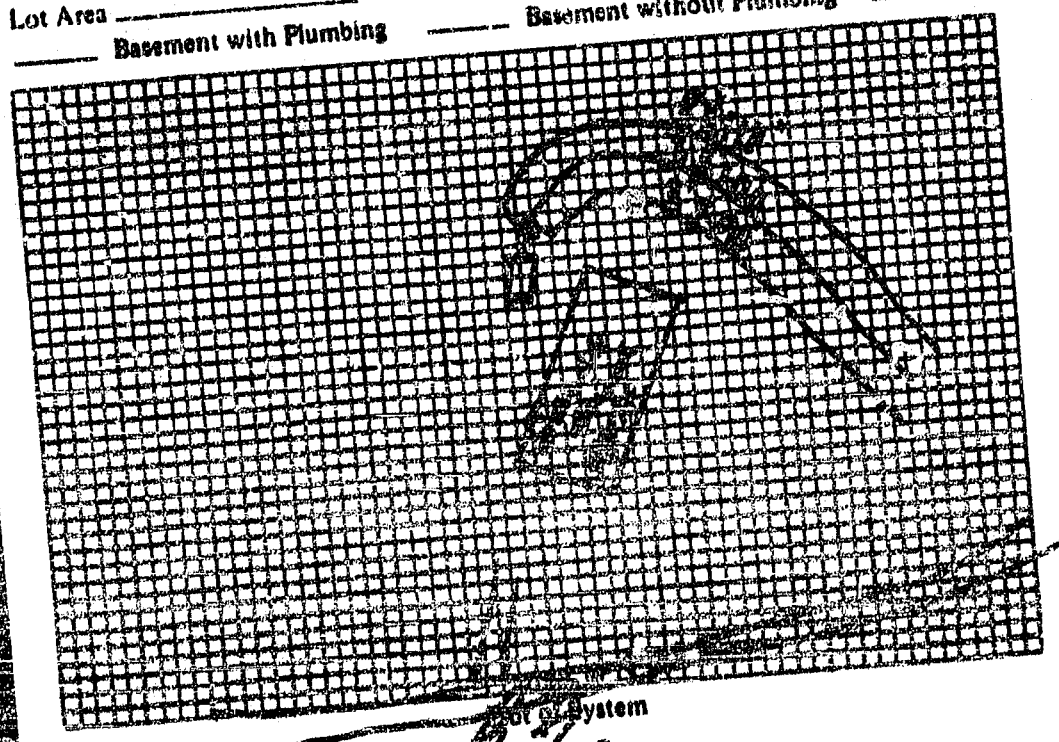
House ( ) Mobile Home (✓) Business ( ) Other _____

No. Bedrooms 3 No. Bathrooms 2

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

Character & Porosity of Soil Sandy Loam
Percolation Rate 4 Sandy Clay Loam
Topography Rolling
Depth to Water Table 60"
Rock or other impervious formations None

Lot Area _____ ____ Basement with Plumbing ____ Basement without Plumbing ✓ No Basement



Size of Tank 1000 Gals.

Nitrification Field:
No. of Lines 3 Linear Ft. 300
Sq. Ft. 200 Depth of Stone in Lines 24"

Water Supply: Individual ( )
Public (✓)

Installed by Dillingers Backhoe

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

Signed: _____

Plot of System

IMPROVEMENTS PERMIT BY [signature]

COMMENTS: _____

CERTIFICATE OF COMPLETION BY [signature] DATE 4-27-82

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