IREDELL COUNTY HEALTH DEPARTMENT

08157 (SEPTIC TANK) IMPROVEMENTS PERMIT AND CERTIFICATE OF COMPLETION
(Ground Absorption Sewage Disposal System – G. S. Chapter 130-Article 13C)

OWNER OR CONTRACTOR Lonnie Lambert DATE 6-1-98 PERMIT NO.

PHONE: Business Home

LOCATION 90 West Tk Little Farm Rd go approx ¼ mi Th into 2nd dirt drive Lot on left at top of hill S. R. No.

SUBDIVISION NAME Cedar Ridge Dev LOT NO. 30 SECTION OR BLOCK NO.

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

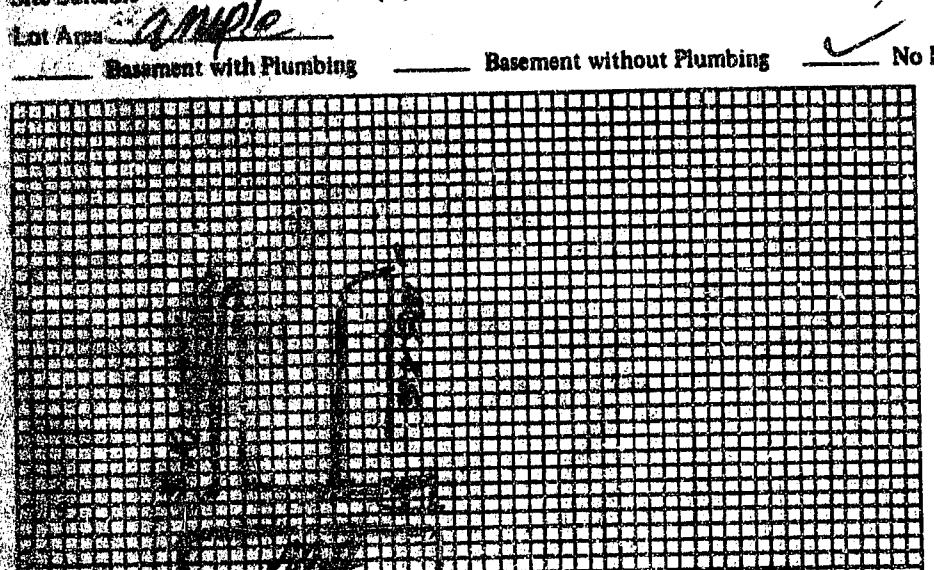
No. Bedrooms 3 No. Bathrooms 2

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

Character & Porosity of Soil Appr Suitable
Percolation Rate 6
Topography Slo to Fl
Depth to Water Table 10+
Rock or other impervious formations None

Lot Area Ample

_____ Basement with Plumbing _____ Basement without Plumbing ✓ No Basement



Plot of System

Size of Tank 1000 Gals.
Nitrification Field:
No. of Lines 3
Sq. Ft. 220 Linear Ft.
Depth of Stone in Lines 12
Water Supply: Individual ( )
Public (✓)

Installed by Dale Hickey

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

Signed: _____

IMPROVEMENTS PERMIT BY Steve Brown RS

COMMENTS:

CERTIFICATE OF COMPLETION BY [signature] DATE 6/11/98

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