A9157

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 LONNIE LAMBERT DATE 2-4-88 PERMIT NO. _____

PHONE: Business _____ Home _____

LOCATION Mud Creek to I-77 to Exit 36 to Turn Right to Amoco on Right to Traffic Light to Right on Old Mocksville Rd. to Right on T.L. into Subdivision to Lot on Right S. R. No. _____

SUBDIVISION NAME CEDAR RIDGE DEV LOT NO. 130 SECTION OR BLOCK NO. _____

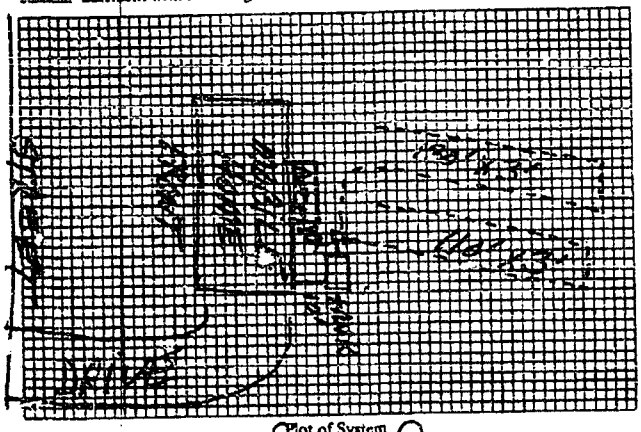
House ( ) Mobile Home (✓) Business ( ) Other _____

No. Bedrooms 3 No. Bathrooms 2

Garbage Disposal Unit	Yes ( )	No (✓)	Character & Porosity of Soil Prev. Suitable.
Auto. Dishwasher	Yes ( )	No (✓)	Percolation Rate 38 Min/Inch
Auto. Wash. Machine	Yes (✓)	No ( )	Topography Level to Slope
Site Suitable	Yes (✓)	No ( )	Depth to Water Table 24"
			Rock or other impervious formations none observed.

Lot Area 4+ ac

_____ Basement with Plumbing _____ Basement without Plumbing ✓ No Basement



Size of Tank 1000 Gals.
Nitrification Field:
No. of Lines 2
Sq. Ft. 120 Lineal Ft. 240
Depth of Stone in Lines 12
Water Supply: Individual ( )
Public (✓)

Plot of System

Installed by _____

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

Signed: x Lonnie Lambert

IMPROVEMENTS PERMIT BY Steve Brown

COMMENTS: Clear enough trees for S.T. installation.

CERTIFICATE OF COMPLETION BY _____ DATE _____

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