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 8697 Acreage Investments DATE 4-12-89 PERMIT NO. 610

PHONE: Business _____ Home _____

LOCATION Hwy 90 W TR Lit'l Farm Rd 1 end Ent to Cedar Ridge Dr 1st on Right

S. R. No. _____

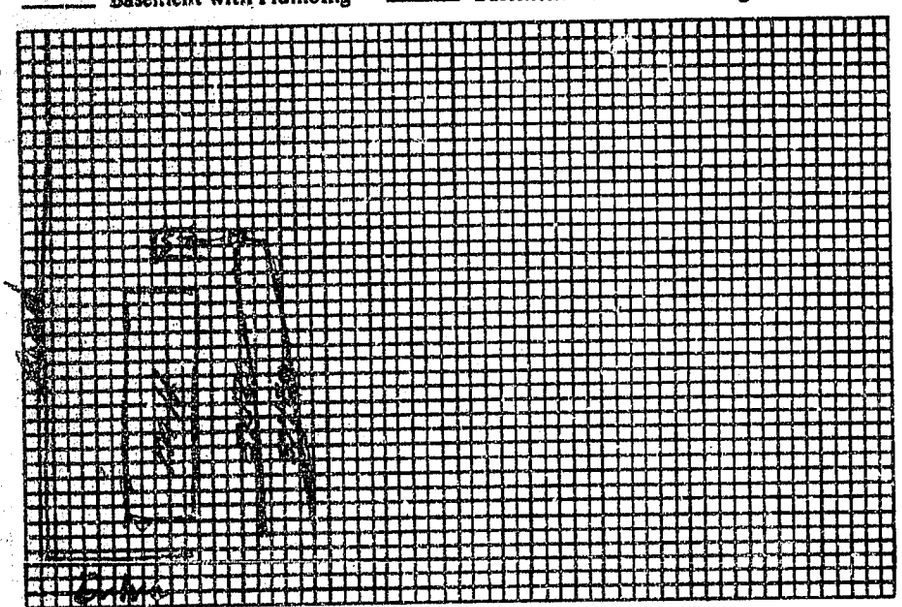
SUBDIVISION NAME Cedar Ridge Dev LOT NO. 21 SECTION OR BLOCK NO. _____

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

No. Bedrooms 3	No. Bathrooms 2			Character & Porosity of Soil	Prov Suitable
Garbage Disposal Unit	Yes ( )	No (✓)		Percolation Rate	5
Auto. Dishwasher	Yes ( )	No (✓)		Topography	6 to 10%
Auto. Wash. Machine	Yes (✓)	No ( )		Depth to Water Table	10'
Site Suitable	Yes (✓)	No ( )		Rock or other impervious formations	none

Lot Area 1.13

_____ Basement with Plumbing _____ Basement without Plumbing _____ No Basement



Plot of System

Size of Tank 1000 Gals.

Nitrification Field:
No. of Lines 2
Sq. Ft. 720 Linear Ft. 240
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 Brown

COMMENTS: _____

CERTIFICATE OF COMPLETION BY _____ DATE 4/28/89

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