IREDELL COUNTY HEALTH DEPARTMENT

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

13207

OWNER OR CONTRACTOR CHARLES M. LEAZER DATE 8/1/91 PERMIT NO. 91-12-A-21

PHONE: Business _____ Home _____

LOCATION NC 90 W, TR LITTLE FARM RD, TL 2ND CEDAR RIDGE LOT ON (R) S. R. No. _____

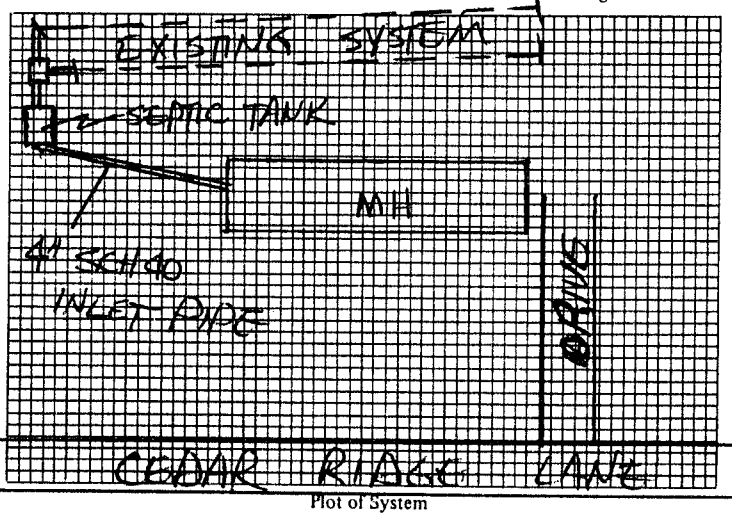
SUBDIVISION NAME CEDAR RIDGE LOT NO. 21 SECTION OR BLOCK NO. _____

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

No. Bedrooms 3 No. Bathrooms 2

Garbage Disposal Unit	Yes ( )	No (✓)	Character & Porosity of Soil		
Auto. Dishwasher	Yes (✓)	No ( )	Percolation Rate		
Auto. Wash. Machine	Yes (✓)	No ( )	Topography		
Site Suitable	Yes (✓)	No ( )	Depth to Water Table		EXISTING
Lot Area AMPLE			Rock or other impervious formations		

_____ Basement with Plumbing _____ Basement without Plumbing ✓ No Basement



Plot of System

Size of Tank _____ Gals.
Nitrification Field:
No. of Lines _____
Sq. Ft. _____ Linear Ft. EXISTING
Depth of Stone in Lines _____
Water Supply: Individual ( )
Public (✓)

Installed by _____

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

Signed: _____

IMPROVEMENTS PERMIT BY _____

COMMENTS: * 4" SCH 40 INLET PIPE IS CURRENTLY ABOVE GROUND AND MAY BE SUBJECT TO PLUMBING INSPECTION APPROVAL.

CERTIFICATE OF COMPLETION BY [redacted] DATE _____

EXISTING SYSTEM CHECKED BY: STEVE HEDRICK DATE 8/1/91

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