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 ALVIN ELDRIDGE DATE 4-15-88 PERMIT NO. _____

PHONE: Business _____ Home _____

LOCATION 21 NW - T.R. on Little Fork Rd. - go 1/4 mi. T.L. on Rd
Turn left dwy - 1st. lot on R.

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

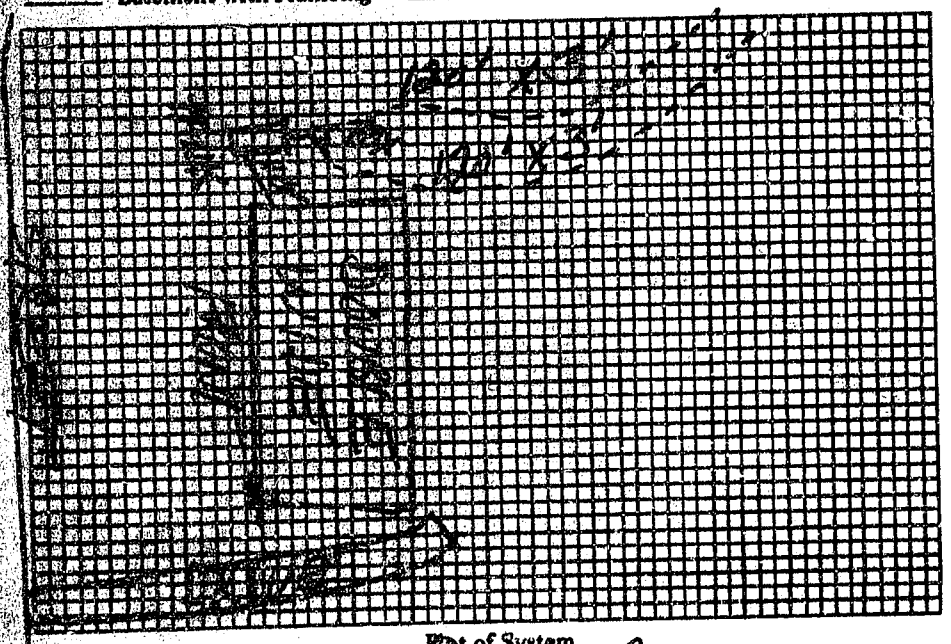
DOUBLEWIDE

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

No. Bedrooms 3 No. Bathrooms 2 Character & Porosity of Soil Sandy Suitable.
Garbage Disposal Unit Yes ( ) No (✓) Percolation Rate 5 min/log ft.
Auto. Dishwasher Yes ( ) No (✓) Topography Level
Auto. Wash. Machine Yes (✓) No ( ) Depth to Water Table 18+
Site Suitable Yes (✓) No ( ) Rock or other impervious formations None observed.

Lot Area Ample

_____ 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 James Hartless

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 Steve Brown DATE 4-15-88

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