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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 JAMES NICKEL DATE 8-14-91. PERMIT NO. 3E-2-A-546.

PHONE: Business _____ Home _____

LOCATION East Monbo Rd. to old mtn. Rd. - T. L. on Hicks Creek Rd. - go approx. 1.5 miles Ft. R on old Spring Way - 200 yards on left. S. R. No. _____

SUBDIVISION NAME CEDARWOOD DEV. LOT NO. 546. SECTION OR BLOCK NO. _____

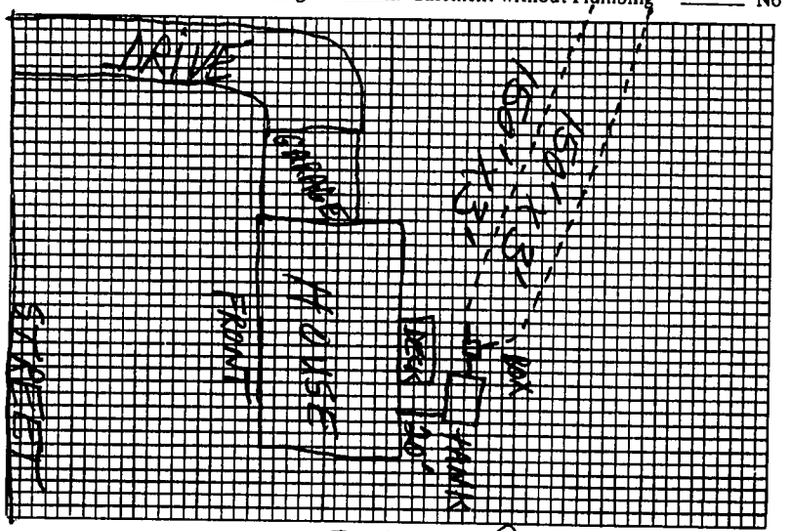
House (✓) Mobile Home ( ) Business ( ) Other _____

No. Bedrooms 3 No. Bathrooms 2

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

Character & Porosity of Soil Prev. Suitable.
Percolation Rate 40 Min. / 1 In. Ft.
Topography 2-6%
Depth to Water Table 10'+
Rock or other impervious formations scattered surface rock.

_____ Basement with Plumbing _____ Basement without Plumbing _____ No Basement



Size of Tank 1000 Gals.
Nitrification Field:
No. of Lines 2
Sq. Ft. 900 Linear Ft. 300
Depth of Stone in Lines 12
Water Supply: Individual (✓)
Public ( )

Installed by R+R McCloud.

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 8-14-91.

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