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 Jewell Kay Turner DATE Dec. 14, '90 PERMIT NO. _____

PHONE: Business _____ Home _____

LOCATION 115-21 N. TR 2390 (Westmoreland Rd.) TL 2nd Street (Cardinal Lane) 3rd house on left S. R. No. _____

SUBDIVISION NAME Cardinal Acres LOT NO. _____ SECTION OR BLOCK NO. _____

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

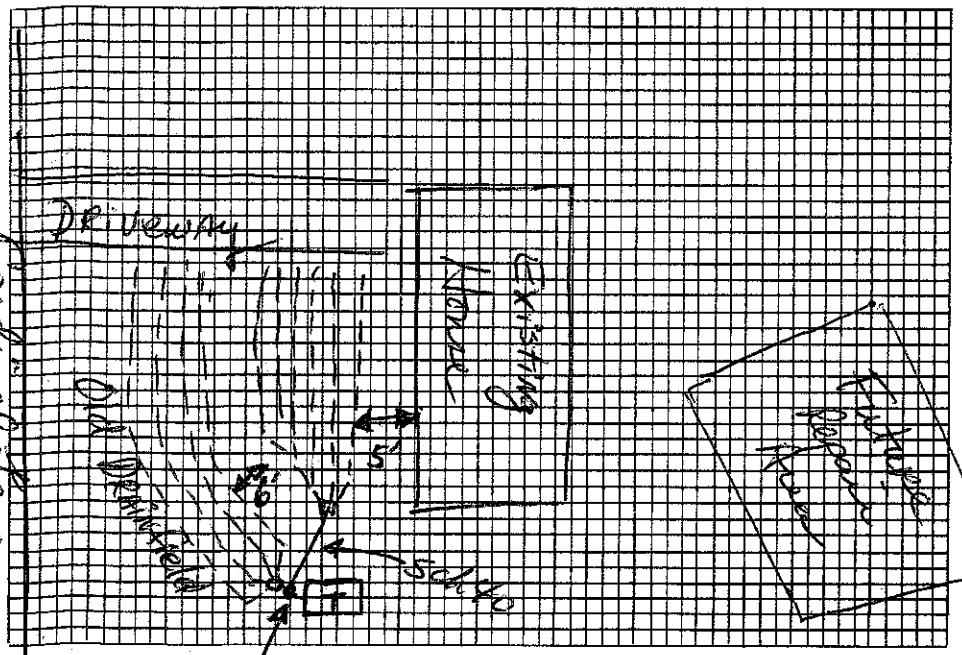
No. Bedrooms 3 No. Bathrooms 1-2

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

Character & Porosity of Soil _____
Percolation Rate _____
Topography _____
Depth to Water Table _____
Rock or other impervious formations _____

Lot Area Existing

_____ Basement with Plumbing _____ Basement without Plumbing ✓ No Basement



Plot of System

Size of Tank Existing Gals.
Nitrification Field:
No. of Lines Bed (~15x40')
Sq. Ft. 450-600 Linear Ft. 150-200
Depth of Stone in Lines 18"-24"
Water Supply: Individual ( )
Public (✓ CW

Installed by _____

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

Signed: Jewell K Turner

IMPROVEMENTS PERMIT BY INSTALL Ball Run Valve here David R. Hunter, EHS

COMMENTS: Maintain 5' off house and 6' off old existing drainfield with new repair field. This will require starting approx 9' wide and "widening out" to approx 15'. If water line is encountered, it will have to be rerouted 10'+ around sewage system.

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