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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 Harold Little DATE 11-13-84 PERMIT NO. 313

PHONE: Business _____ Home _____

LOCATION 115-21 North TR 2390 TL Cardinal Lane Lot on Corner of Powderhorn Rd and Cardinal Lane S. R. No. _____

SUBDIVISION NAME Cardinal Acres LOT NO. 20 SECTION OR BLOCK NO. _____

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

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 Existing

Character & Porosity of Soil _____

Percolation Rate _____

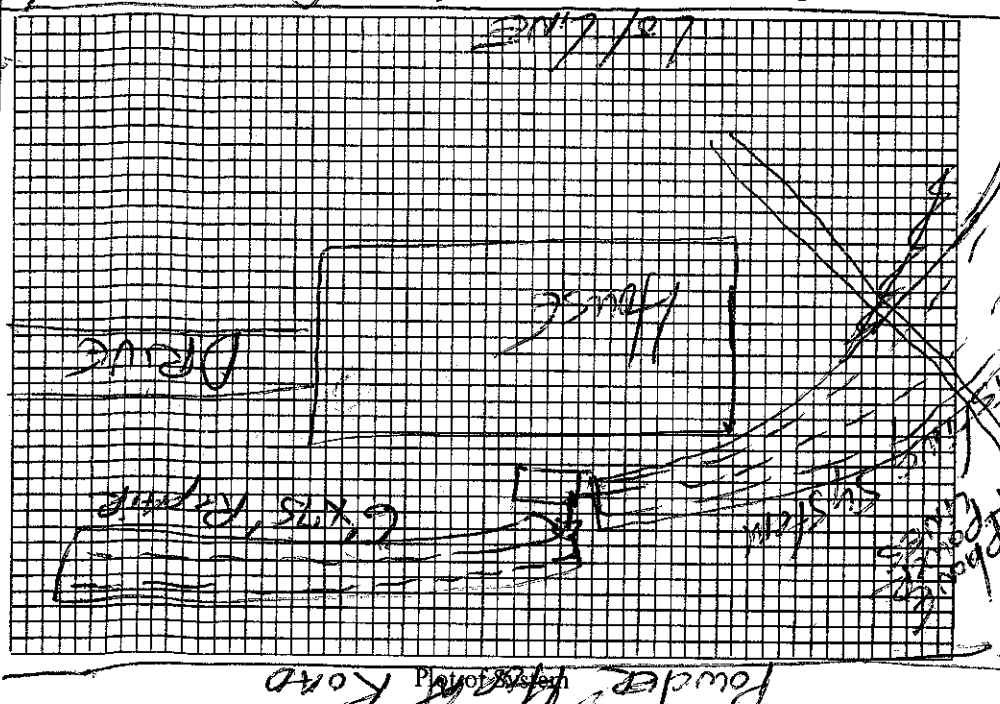
Topography Existing

Depth to Water Table _____

Rock or other impervious formations System

X Basement with Plumbing ___ Basement without Plumbing ___ No Basement

Cardinal Lane




Plot of System

Size of Tank Existing Gals.

Nitrification Field:

No. of Lines 2

Sq. Ft. 450 Linear Ft. 450

Depth of Stone in Lines 12"

Water Supply: Individual (X)

Public ( )

Installed by _____

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

Signed: Peggy S. Little

IMPROVEMENTS PERMIT BY J. Clements

COMMENTS: Keep system shallow, follow contours

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