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 Shook Lumber Const. DATE 10-15-01 PERMIT NO. 270

PHONE: Business 528-3051 Home _____

LOCATION US 21 N TR on 2330 21 SL at end

SUBDIVISION NAME Cardinal Pines LOT NO. 24 SECTION OR BLOCK NO. _____ S. R. No. _____

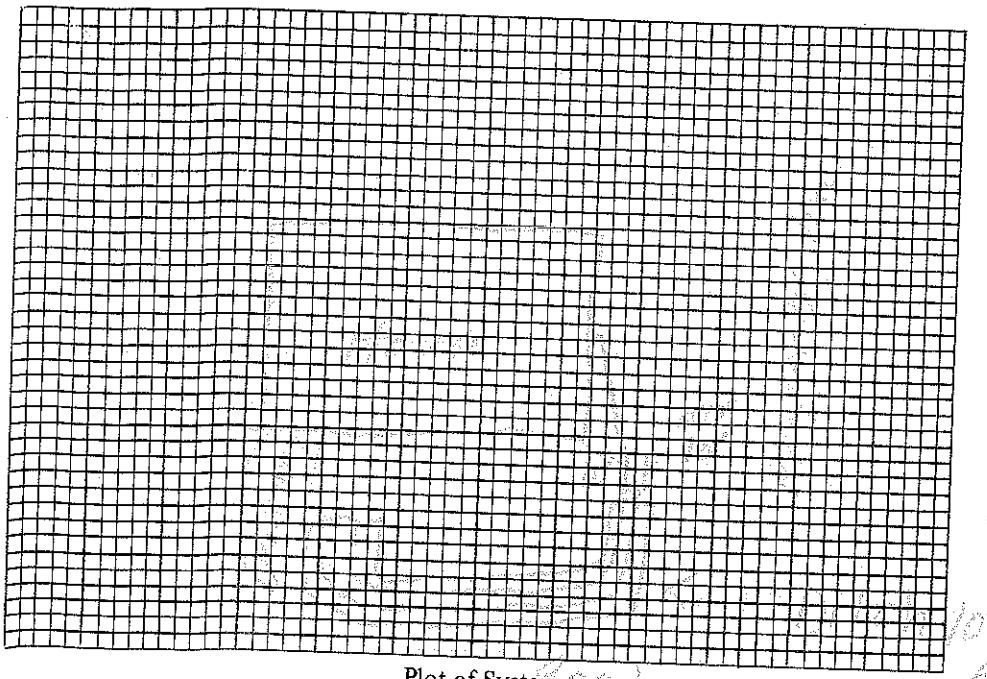
House ( ) Mobile Home ( ) Business ( ) Other _____

No. Bedrooms 3 No. Bathrooms 1½

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

Lot Area 32 acres

Character & Porosity of Soil Clay Loam Sandy Loam
Percolation Rate 40 min/in
Topography Gently Sloping
Depth to Water Table 40 in
Rock or other impervious formations None



Plot of System

Size of Tank 1000 Gals.
Nitrification Field:
No. of Lines 3
Sq. Ft. 225 Linear Ft. 300
Depth of Stone in Lines 24"
Water Supply: Individual ( )
Public ( )

Installed by _____

IMPROVEMENTS PERMIT BY _____

COMMENTS: Tree was a limited amount of sand there to bark the run line to widen not to 10' & use 4 lines

CERTIFICATE OF COMPLETION BY _____ DATE _____

CONSTRUCTION MUST COMPLY WITH ALL OTHER APPLICABLE STATE AND LOCAL REGULATIONS.

Health Dept. Copy: White Inspection Dept. Copy: Yellow Sanitarian's Copy: Pink Owner's Copy: Gold