4659480126 IREDELL COUNTY HEALTH DEPARTMENT 7.

(SEPTIC TANK) IMPROVEMENTS PERMIT AND CERTIFICATE OF COMPLETION
(Ground Absorption Sewage Disposal System -- G. S. Chapter 130-Article 13C)

OWNER OR CONTRACTOR Jim White DATE 8-1-84 PERMIT NO. 247

PHONE: Business _____ Home _____

LOCATION 115N TR 2390 TR Cardinal Lane 1st house on R

S. R. No. _____

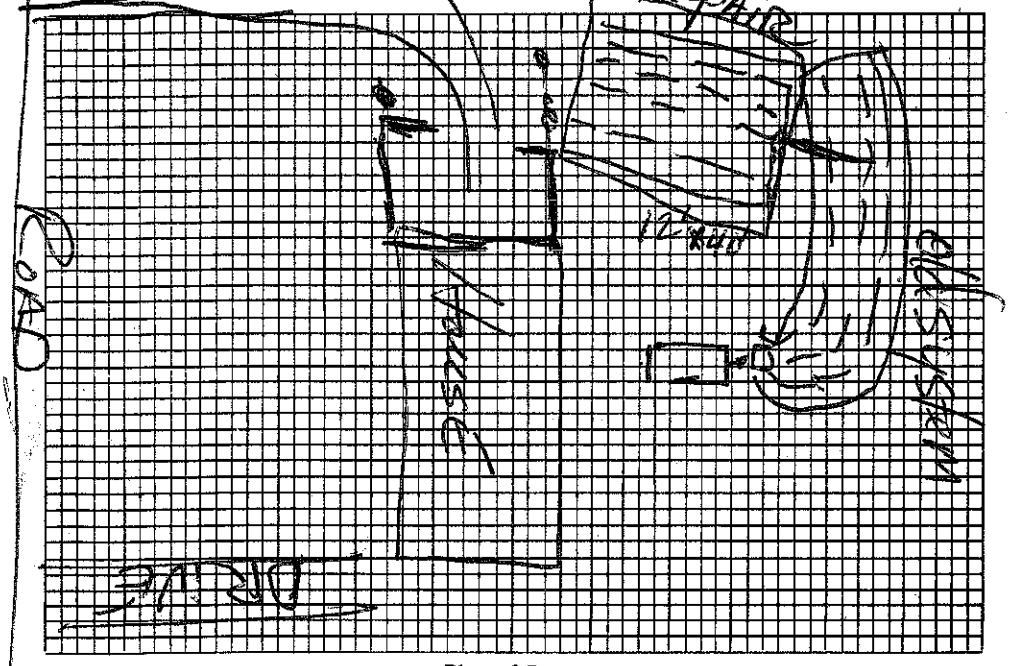
SUBDIVISION NAME Cardinal Acres LOT NO. 19 SECTION OR BLOCK NO. _____

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

No. Bedrooms 3 No. Bathrooms 2

Garbage Disposal Unit	Yes ( )	No (X)	Character & Porosity of Soil		
Auto. Dishwasher	Yes (X)	No ( )	Percolation Rate		
Auto. Wash. Machine	Yes (X)	No ( )	Topography	Existing	
Site Suitable	Yes (X)	No ( )	Depth to Water Table	System	
Lot Area Existing			Rock or other impervious formations		

_____ Basement with Plumbing _____ Basement without Plumbing X No Basement



Size of Tank Existing Gals.

Nitrification Field:
No. of Lines 8
Sq. Ft. 480 Linear Ft. 480/60
Depth of Stone in Lines 16"

Water Supply: Individual ( )
Public X

Installed by J. R. Bowles

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

Signed: _____

IMPROVEMENTS PERMIT BY F. Clemmer

COMMENTS: _____

CERTIFICATE OF COMPLETION BY Fred Clemmer DATE 8-1-84

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

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 Jimmy White DATE 5-12-82 PERMIT NO. 89

PHONE: Business _____ Home _____

LOCATION 115-21 N. TR 2390 TL 2nd entrance into Cardinal Acres 1st house on Rt. S. R. No. _____

SUBDIVISION NAME Cardinal Acres LOT NO. 19 SECTION OR BLOCK NO. _____

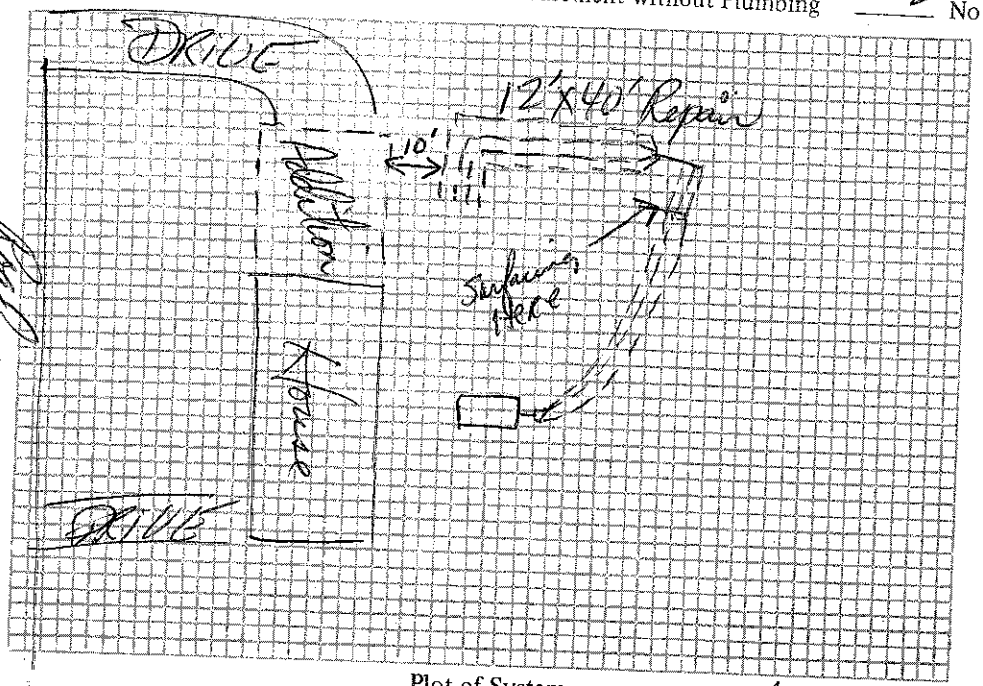
House (✓) Mobile Home ( ) Business ( ) Other _____

No. Bedrooms 3 No. Bathrooms 2

Garbage Disposal Unit	Yes ( )	No (✓)	Character & Porosity of Soil _____
Auto. Dishwasher	Yes (✓)	No ( )	Percolation Rate _____
Auto. Wash. Machine	Yes (✓)	No ( )	Topography _____
Site Suitable	Yes (✓)	No ( )	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 4
Sq. Ft. 480 Linear Ft. 160
Depth of Stone in Lines 16"

Water Supply: Individual ( )
Public (✓)
Community Well

Installed by _____

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

X Signed: Margaret White

IMPROVEMENTS PERMIT BY David R. Hinson

COMMENTS: Check tank for tee. Pump if needed

CERTIFICATE OF COMPLETION BY _____

EXISTING SYSTEM CHECKED BY: _____ DATE _____

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

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