IREDELL COUNTY HEALTH DEPARTMENT 4659 48 0531

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

OWNER OR CONTRACTOR C-21 Sherrill Fmw Const. DATE 7-14-83 PERMIT NO. 239

PHONE: Business _____ Home _____

LOCATION 115 N. to TR 2390, a Turnike TC 2506 (Cardinal Lane) 1st pvt on R

SUBDIVISION NAME Cardinal Acres S. R. No. _____

LOT NO. 38 SECTION OR BLOCK NO. 11

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

No. Bedrooms 3 No. Bathrooms 2

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

Lot Area 20,000 ft²

Character & Porosity of Soil Clay loam/Sandy clay

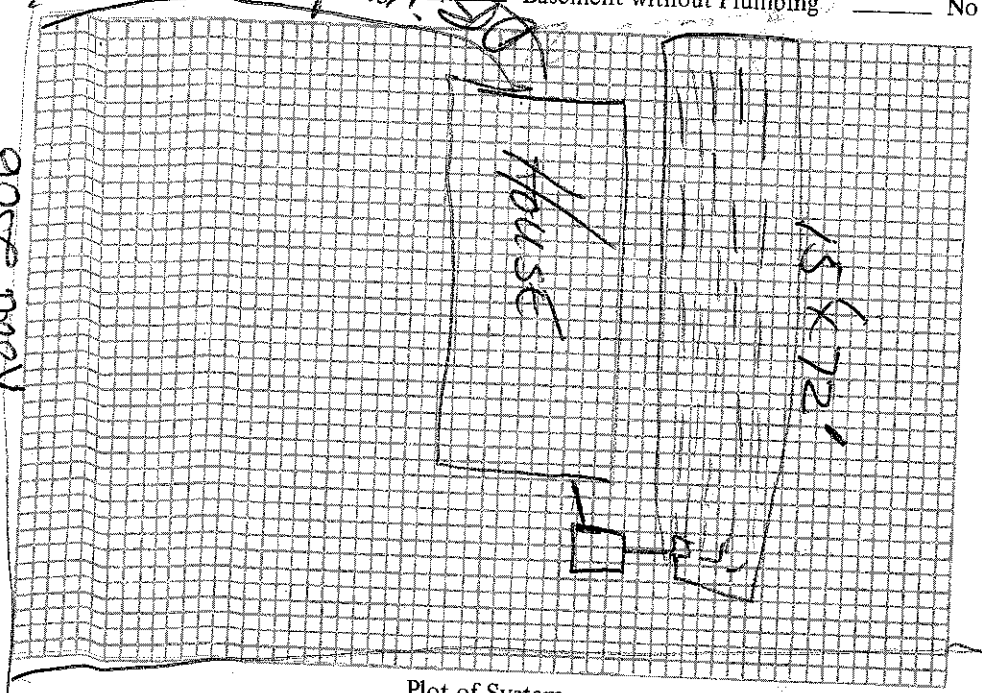
Percolation Rate 25 MPI/1" 5 day

Topography Rolling

Depth to Water Table 4'+

Rock or other impervious formations None observed

X Basement with Plumbing 1500 Basement without Plumbing _____ No Basement



Plot of System

Size of Tank 1000 Gals.

Nitrification Field:
No. of Lines 5
Sq. Ft. 1080 Linear Ft. 360
Depth of Stone in Lines 12"

Water Supply: Individual ( )
Public (X)

Installed by Self (Sherrill Fmw)

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

Signed: _____

IMPROVEMENTS PERMIT BY Fred Clemmer

COMMENTS: _____

CERTIFICATE OF COMPLETION BY Fred Clemmer

EXISTING SYSTEM CHECKED BY: _____ DATE 7-14-83

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