IREDELL COUNTY HEALTH DEPARTMENT

2:30

(SEPTIC TANK) IMPROVEMENTS PERMIT AND CERTIFICATE OF COMPLETION

(Ground Absorption Sewage Disposal System – G. S. Chapter 130-Article 13C)

C-21 - Sherrill FAW Realty

OWNER OR CONTRACTOR _____ DATE 2-25-83 PERMIT NO. 42

PHONE: Business _____ Home _____

LOCATION 2 IN TR 2390 TL 2506 (Cardinal Lane) Attend on R

S. R. No. _____

SUBDIVISION NAME Cardinal Acres LOT NO. 38 SECTION OR BLOCK NO. II

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 / clay

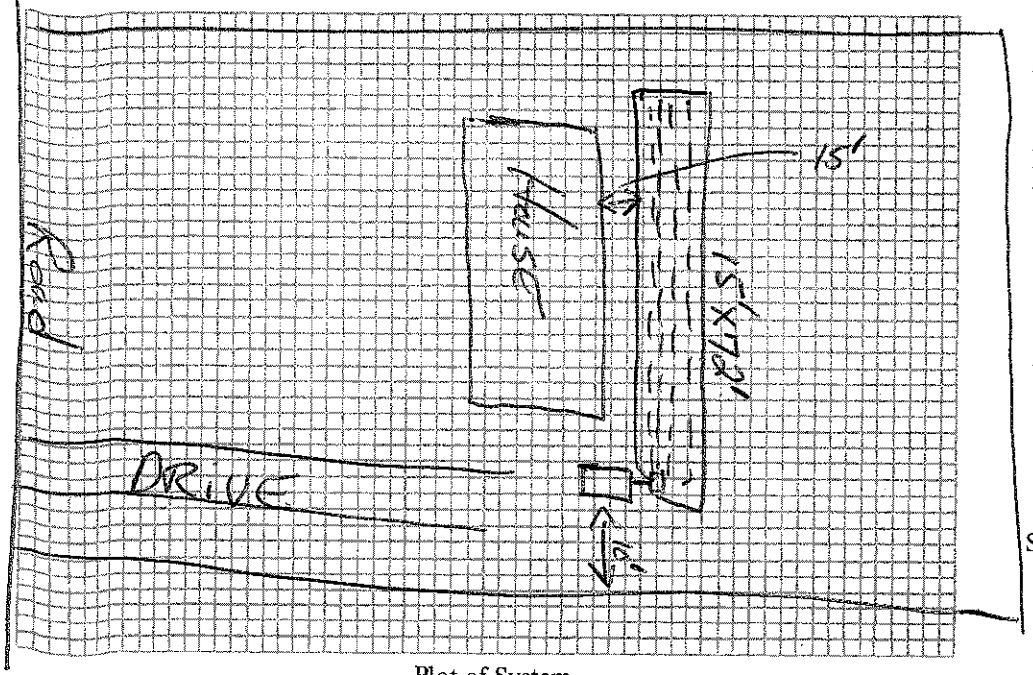
Percolation Rate .5 gal/ft²/day

Topography 10-15%

Depth to Water Table 4'+

Rock or other impervious formations None observed

(X) Basement with Plumbing ( ) 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)

Community H₂O

Installed by _____

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

Signed: X Caroline B. Martin

IMPROVEMENTS PERMIT BY Fred Clemmer

COMMENTS: Keep system ~~on lower side~~ with Approximately 1.5' COVER on lower side of Nitrification Trench — Do not drive over 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