IREDELL COUNTY HEALTH DEPARTMENT 4635-35-6702

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

OWNER OR CONTRACTOR W.L. Smith DATE 3-2-84 PERMIT NO. 40

PHONE: Business _____ Home _____

LOCATION 1160 TL 1113 TR Breezeway Drive at end on cul-de-sac

_____ S. R. No. _____

SUBDIVISION NAME Isle of Pines LOT NO. 21 SECTION OR BLOCK NO. II I

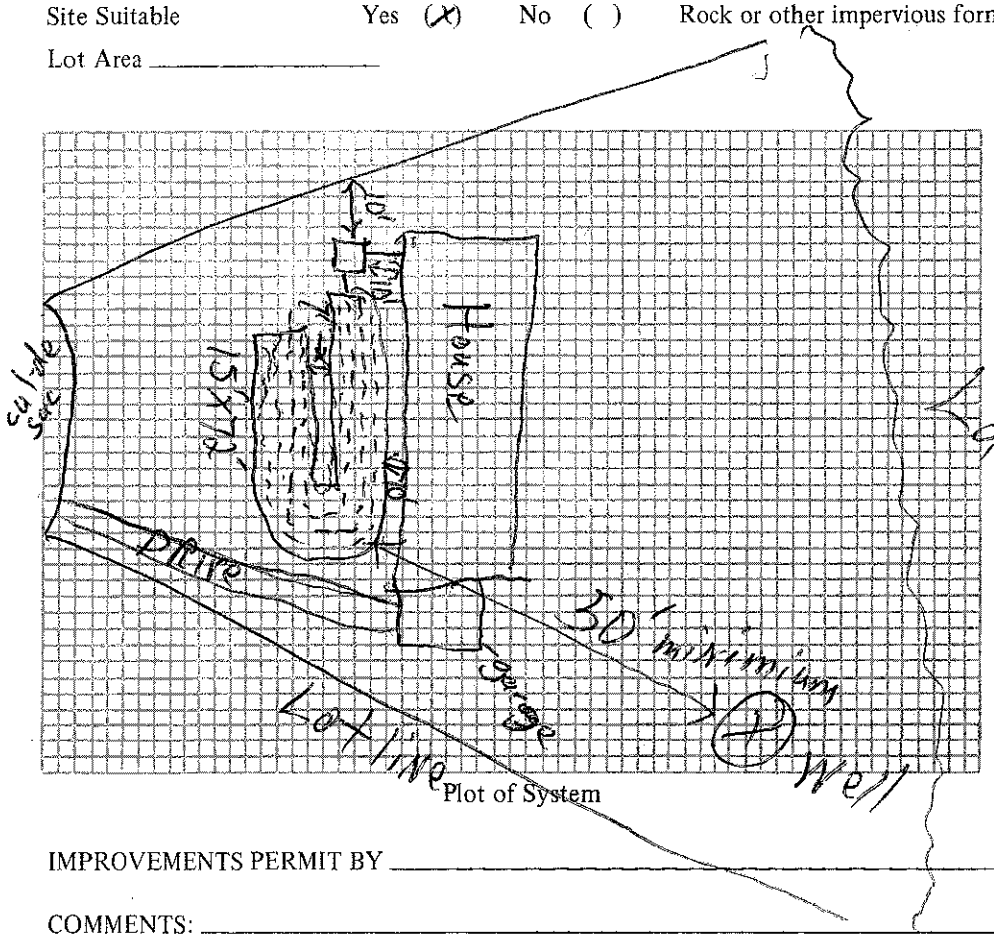
House (X) Mobile Home ( ) Business ( ) Other _____

No. Bedrooms 3 No. Bathrooms 2 ½

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

Character & Porosity of Soil clay loam
Percolation Rate 0.5 gal/ft²/day
Topography 2-4%
Depth to Water Table 5'
Rock or other impervious formations none observed

Lot Area _____



Plot of System

Size of Tank ~~1250~~ 1500 Gals.
Nitrification Field:
No. of Lines 5
Sq. Ft. 1080 Linear Ft. 360'
Depth of Stone in Lines 12
Water Supply: Individual (X)
Public ( )

Installed by F.J. Ervin

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

Signed: _____

IMPROVEMENTS PERMIT BY _____

COMMENTS: _____

CERTIFICATE OF COMPLETION BY Charles K. Bennett DATE 3-2-84
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