4635 35 6864

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 Tony Weisner DATE 7-22-82 PERMIT NO. 231

PHONE: Business _____ Home _____

LOCATION Hwy 21 N 1113 5th house on RT after entering Isle of Pines (behind 4th house) S. R. No. _____

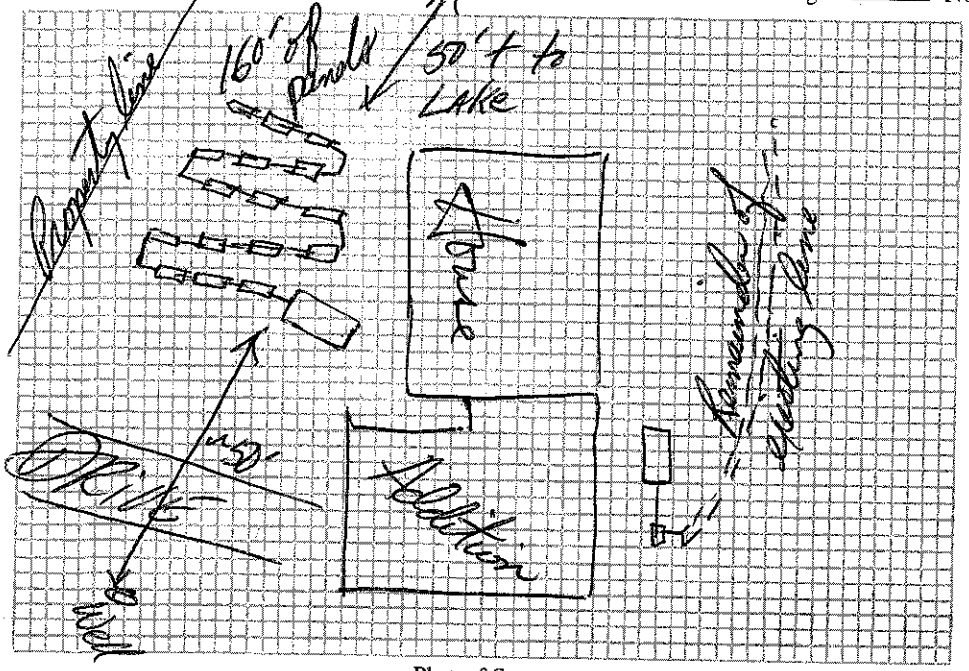
SUBDIVISION NAME Isle of Pines LOT NO. 22 SECTION OR BLOCK NO. 1

House (✓) Mobile Home ( ) Business ( ) Other Adding Garage & playroom

No. Bedrooms 4 No. Bathrooms 2

Garbage Disposal Unit	Yes ( )	No (✓)	Character & Porosity of Soil	Clay Loam
Auto. Dishwasher	Yes (✓)	No ( )	Percolation Rate	280
Auto. Wash. Machine	Yes (✓)	No ( )	Topography	2%
Site Suitable	Yes (✓)	No ( )	Depth to Water Table	3'+
Lot Area ~20000 ft²			Rock or other impervious formations	none obs.

_____ Basement with Plumbing _____ Basement without Plumbing ✓ No Basement



Plot of System

(2 new tanks)
Size of Tank 1000 Gals.

Nitrification Field:
No. of Lines 1
Sq. Ft. _____ Linear Ft. 160'
Depth of Stone in Lines _____ panels
Water Supply: Individual (✓)
Public ( )

Installed by Richard Abernathy

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

Signed: _____

IMPROVEMENTS PERMIT BY _____

COMMENTS: _____

CERTIFICATE OF COMPLETION BY Brick R. Hinson DATE 7-26-82

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