I. ELL COUNTY HEALTH DEPARTMENT 4635364984

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

OWNER OR CONTRACTOR William S. Hackney DATE 5-7-85 PERMIT NO. 193

PHONE: Business _____ Home _____

LOCATION Isle Pines Rd go to gray frame house on R 2 house before Isle Pines sign S. R. No. _____

SUBDIVISION NAME Isle Surfside Estates LOT NO. 2 SECTION OR BLOCK NO. _____

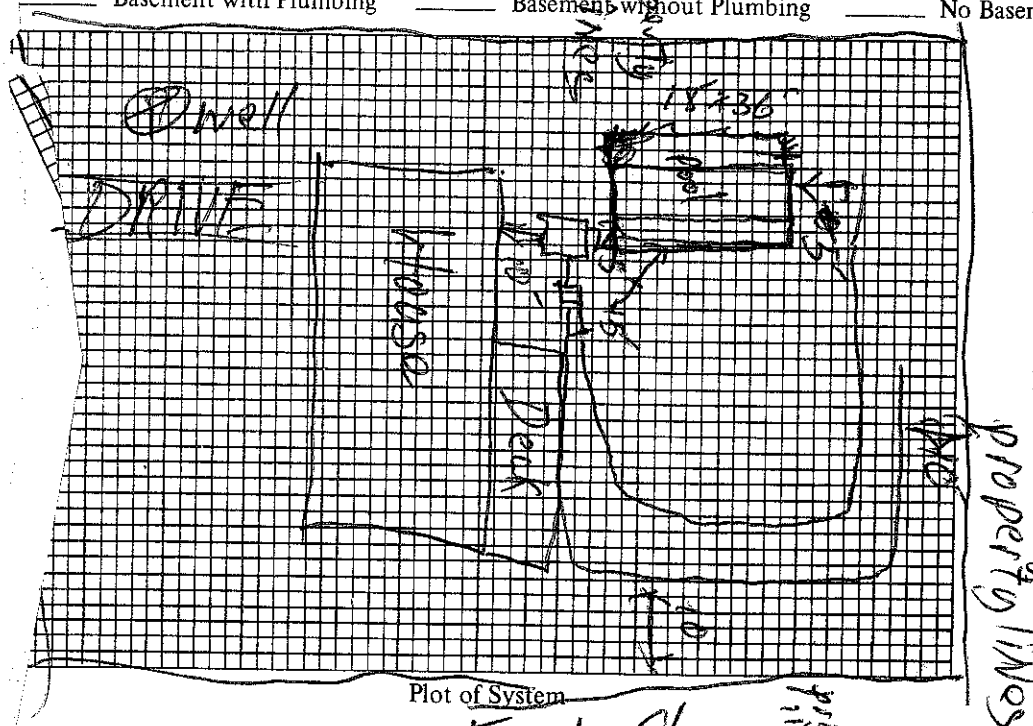
House ( ) Mobile Home ( ) Business ( ) Other _____

No. Bedrooms 3 No. Bathrooms 1½

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

Lot Area _____

_____ Basement with Plumbing _____ Basement without Plumbing _____ No Basement



Plot of System

Size of Tank 1 Gals.

Nitrification Field:
No. of Lines EXISTING
Sq. Ft. _____ Linear Ft. _____
Depth of Stone in Lines _____

Water Supply: Individual (Y)
Public ( )

5-19-85

Installed by Bowles

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

Signed: _____

IMPROVEMENTS PERMIT BY Fred Clemmons

COMMENTS: existing septic system OK at date of inspection location for pool need to 5' off lines (septic) & tank

CERTIFICATE OF COMPLETION BY _____ DATE _____

EXISTING SYSTEM CHECKED BY: Charles K. Barnett DATE 5-7-85

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 Floyd Greene DATE 5-19-83 PERMIT NO. 158

PHONE: Business _____ Home _____

LOCATION 1100 Blk 1113 on R just before Isle of Pines

S. R. No. _____

SUBDIVISION NAME Sunside Estates LOT NO. 2 SECTION OR BLOCK NO. _____

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

No. Bedrooms 3 No. Bathrooms 2½

Garbage Disposal Unit Yes (X) No ( )

Auto. Dishwasher Yes (X) No ( )

Auto. Wash. Machine Yes (X) No ( )

Site Suitable Yes (X) No ( )

Lot Area 20,000 sq ft

Character & Porosity of Soil Clay Loam

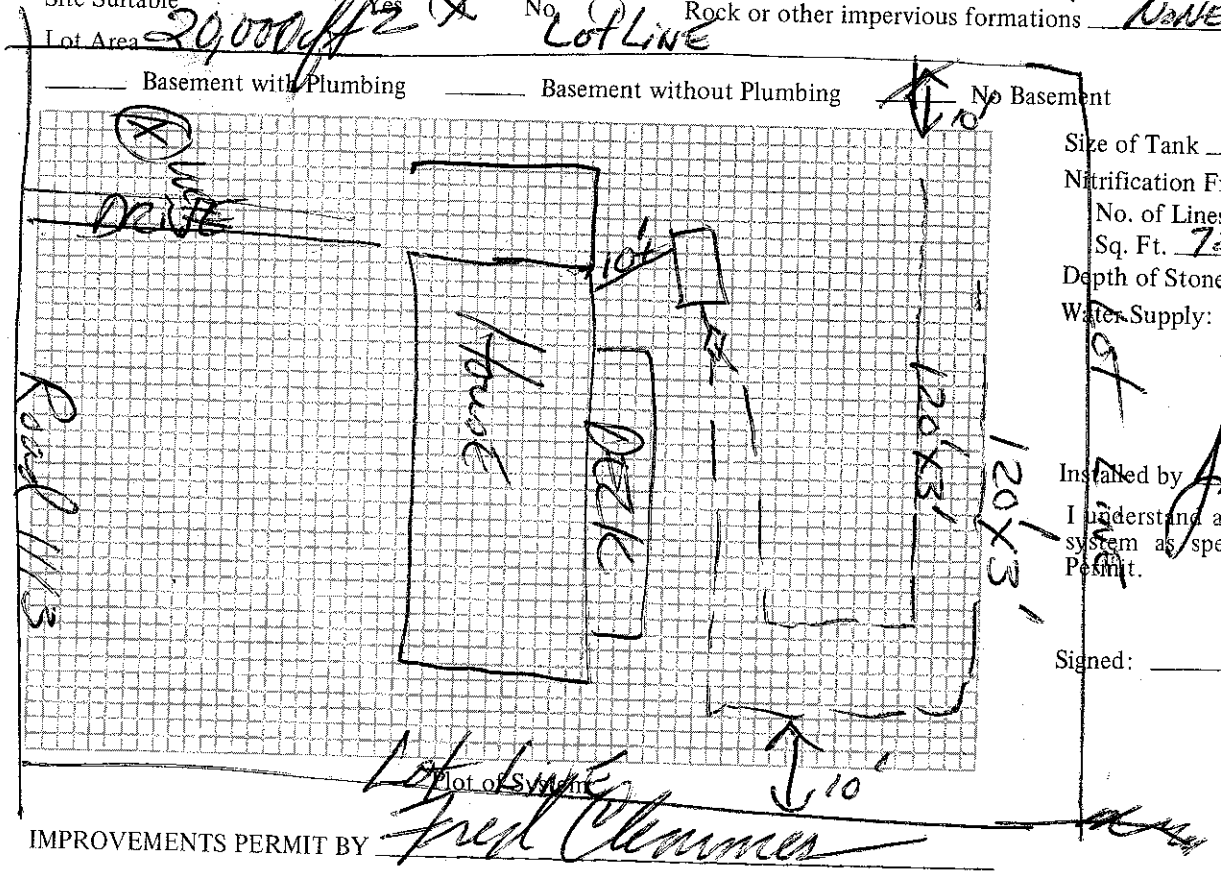
Percolation Rate 2-5 min/ft 2/day

Topography 2-6%

Depth to Water Table 4 ft

Rock or other impervious formations None observed

_____ Basement with Plumbing _____ Basement without Plumbing (X) No Basement



Size of Tank 1250 Gals.

Nitrification Field:

No. of Lines 2

Sq. Ft. 720 Linear Ft. 240'

Depth of Stone in Lines 12"

Water Supply: Individual (X)

Public ( )

Installed by J. R. Bowles

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 DATE 5-19-83

EXISTING SYSTEM CHECKED BY: _____ DATE _____

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

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Health Dept. Copy: White Inspection Dept. Copy: Yellow Sanitarian's Copy: Pink Owner's Copy: Gold