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 William J. Powers DATE 7-1-85 PERMIT NO. 304

PHONE: Business _____ Home _____

LOCATION 1100 ft 113 R At Isle of Pines Sign House on left

SUBDIVISION NAME Isle of Pines LOT NO. 3432 SECTION OR BLOCK NO. _____ S. R. No. _____

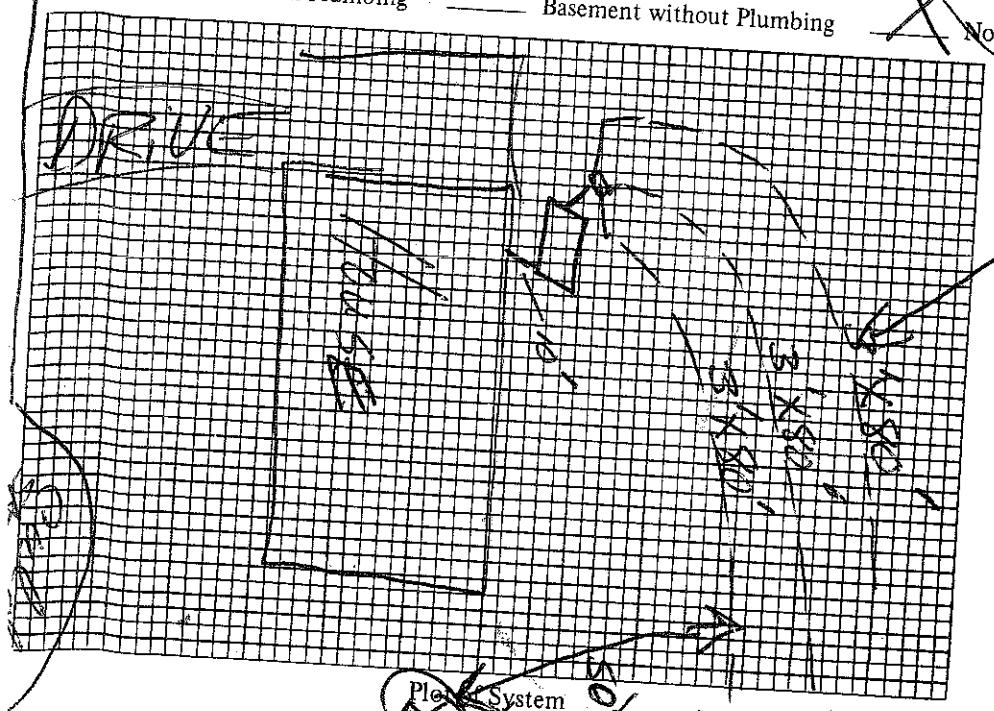
House (X) Mobile Home ( ) Business ( ) Other _____

No. Bedrooms 3 No. Bathrooms 3

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+ ±

Character & Porosity of Soil Clay loam/clay
Percolation Rate 0.5 gal
Topography Slight slope
Depth to Water Table 4+
Rock or other impervious formations None obs.

_____ Basement with Plumbing _____ Basement without Plumbing X No Basement



Size of Tank 1500 Gals.
Nitrification Field:
No. of Lines 3
Sq. Ft. 720 Linear Ft. 240
Depth of Stone in Lines 12"
Water Supply: Individual (X)
Public ( )

Installed by Larry Beam

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

Signed: _____

IMPROVEMENTS PERMIT BY Kelly Sheets + Fred Clemmer

COMMENTS: _____

CERTIFICATE OF COMPLETION BY Fred Clemmer

EXISTING SYSTEM CHECKED BY: _____ DATE 7-1-85

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. _____ DATE _____

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