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 Ray L Corry DATE 5-24-22 PERMIT NO. _____

PHONE: Business _____ Home _____

LOCATION Rt 115 at entrance to Isle of Pine

_____ S. R. No. _____

SUBDIVISION NAME Isle of Pine LOT NO. 2 SECTION OR BLOCK NO. 1

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

No. Bedrooms 3 No. Bathrooms 2

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

Lot Area 1 acre

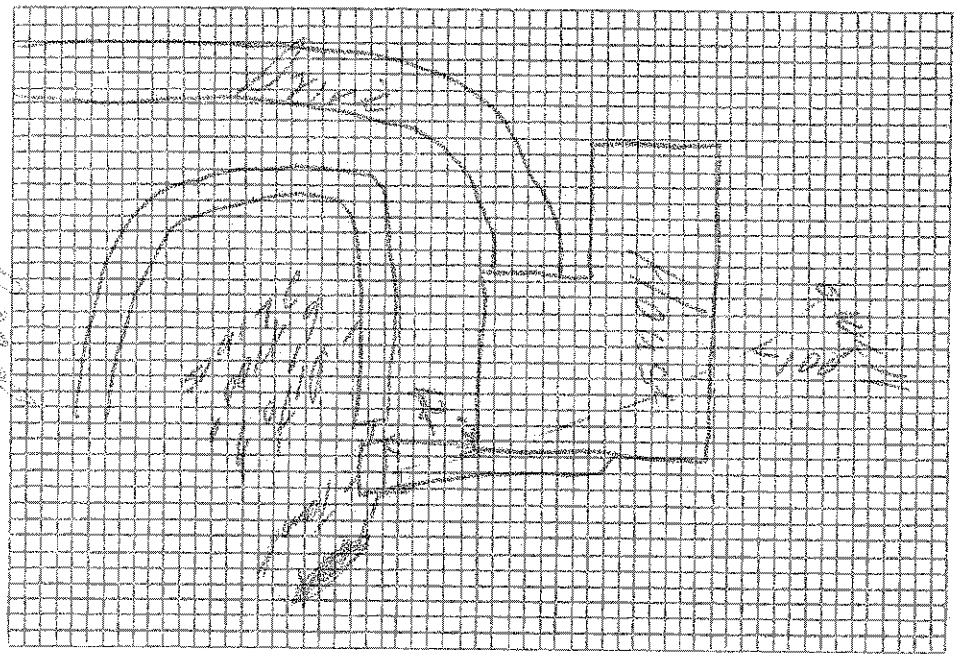
Character & Porosity of Soil Clay Loam

Percolation Rate 60 min per inch

Topography 2-3% Slope

Depth to Water Table 10 FT

Rock or other impervious formations None



Plot of System

Size of Tank 1500 Gals.

Nitrification Field:

No. of Lines 2

Sq. Ft. 600 Linear Ft. 900

Depth of Stone in Lines 12"

Water Supply: Individual (✓)
Public ( )

Installed by E. L. Sain

IMPROVEMENTS PERMIT BY _____

COMMENTS: _____

CERTIFICATE OF COMPLETION BY John Sprinkle DATE 5-25-22

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

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