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# 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 Christopher Bowen DATE 1-5-88 PERMIT NO. _____

PHONE: Business _____ Home 664-1595

LOCATION 1100 TL Isle of Pines TR HARBORVIEW (#1198)

S. R. No. _____

SUBDIVISION NAME Surfside Estates LOT NO. 36 SECTION OR BLOCK NO. _____

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

No. Bedrooms 3 No. Bathrooms 2

Garbage Disposal Unit Yes ( ) No ( )

Auto. Dishwasher existing Yes ( ) No ( )

Auto. Wash. Machine Yes ( ) No ( )

Site Suitable Yes (✓) No ( )

Lot Area 20000 ft²

Character & Porosity of Soil existing

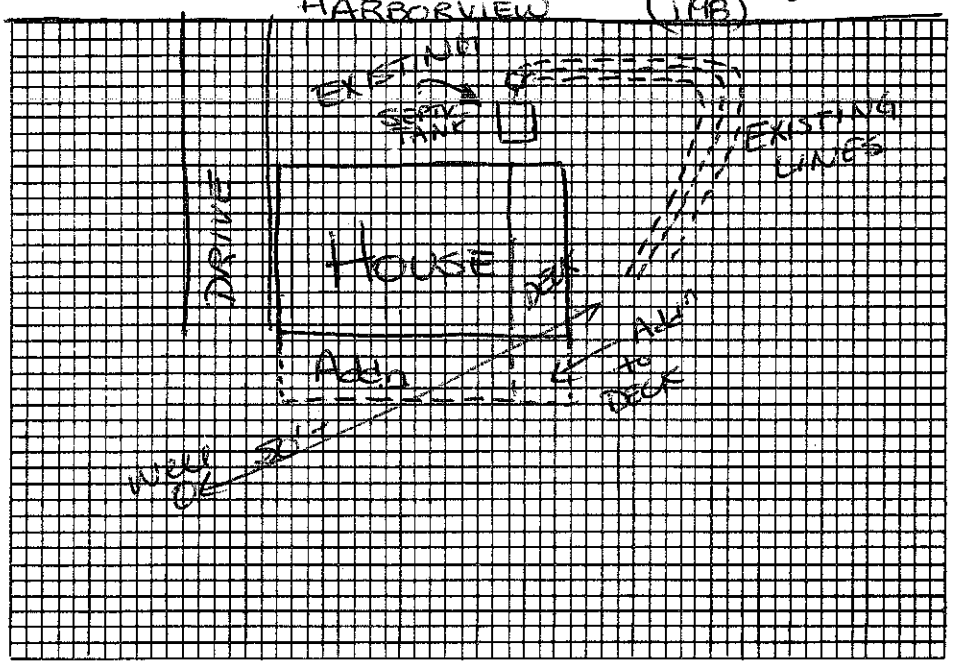
Percolation Rate _____

Topography _____

Depth to Water Table _____

Rock or other impervious formations ✓

_____ Basement with Plumbing _____ Basement without Plumbing _____ No Basement




Plot of System NTS

Size of Tank existing Gals.

Nitrification Field:

No. of Lines _____

Sq. Ft. _____ Linear Ft (~300)?

Depth of Stone in Lines _____

Water Supply: Individual ( )

Public ( )

Installed by _____

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

Signed: _____

IMPROVEMENTS PERMIT BY _____

COMMENTS: modifying bedroom & adding dining room
System shows no sign of malfunction.

CERTIFICATE OF COMPLETION BY _____ DATE _____

EXISTING SYSTEM CHECKED BY: Andre C Perin 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