P.D. 7884

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 Gary Guentner DATE 11/1/88 PERMIT NO. ~~Quad~~ 203

PHONE: Business _____ Home 664-7191

LOCATION 1100 TL Isle of Pines TL 1st dirt Rd. Past Turbyfill Rd. TR Private Rd. S. R. No. _____

SUBDIVISION NAME _____ LOT NO. 16 SECTION OR BLOCK NO. 5

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

No. Bedrooms 3 No. Bathrooms 1½

Garbage Disposal Unit	Yes	( )	No	(✓)	Percolation Rate
Auto. Dishwasher	Yes	( )	No	(✓)	Topography
Auto. Wash. Machine	Yes	(✓)	No	( )	Depth to Water Table
Site Suitable	Yes	(✓)	No	( )	Rock or other impervious formations

Character & Porosity of Soil existing

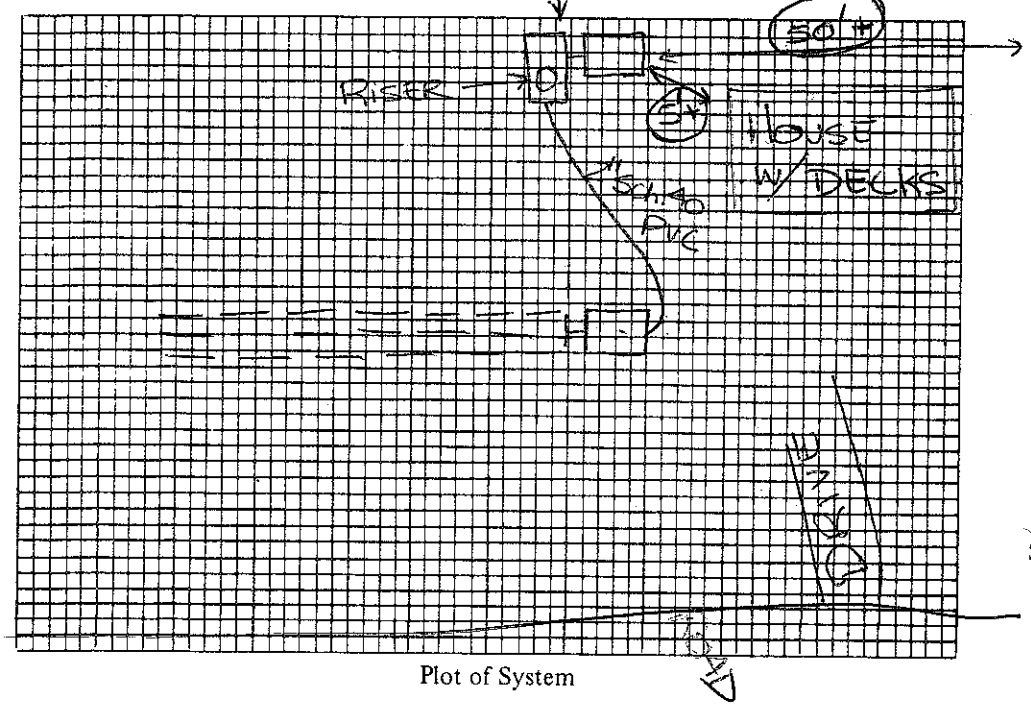
Lot Area existing

_____ Basement with Plumbing _____ Basement without Plumbing ✓ No Basement

Size of Tank Pump Tank 1250 / Tank 1250 / 1000 existing Gals

Nitrification Field:
No. of Lines existing
Sq. Ft. _____ Linear Ft. ~250' bed.
Depth of Stone in Lines _____

Water Supply: Individual (✓)
Public ( )



Plot of System

Installed by _____

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

Signed: ~~X~~ Linda Guentner

IMPROVEMENTS PERMIT BY André C. Pierce

COMMENTS: NOTE DISTANCES! Pump existing septic ~~system~~ tank and use it as a surge chamber.

May 15 '91 Tanks installed by R. Abernathy & OL MK

CERTIFICATE OF COMPLETION BY _____ DATE _____

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