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 Dr. R T. Coffey DATE 5-21-6 PERMIT NO. _____

PHONE: Business _____ Home _____

LOCATION Isle of Pine Trl

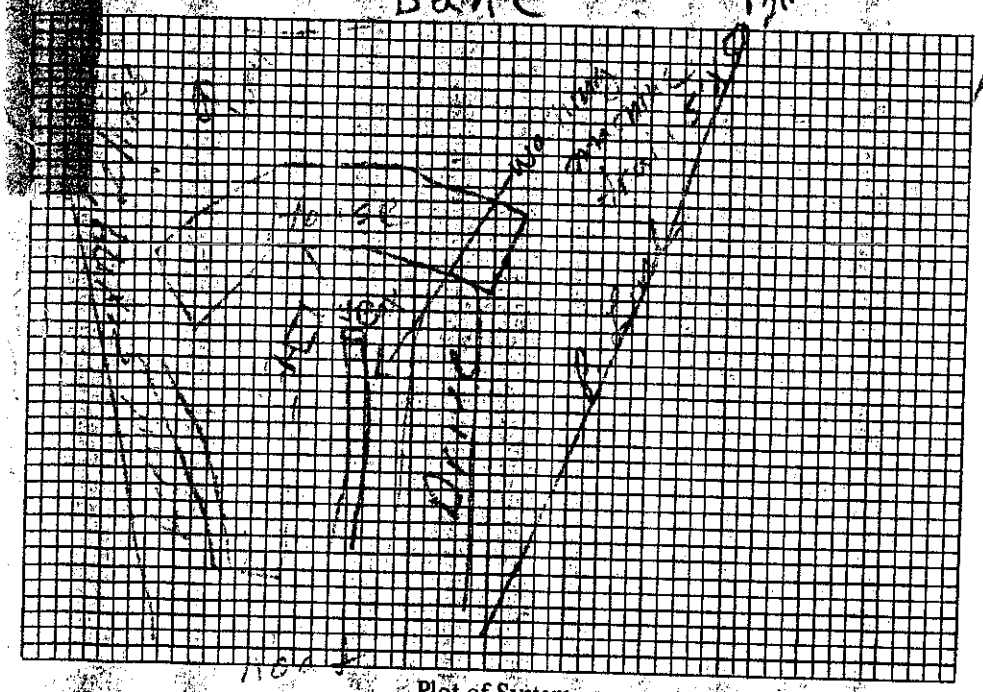
S. R. No. _____

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

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

No. Bedrooms 4 No. Bathrooms 3

Garbage Disposal Unit	Yes	(✓)	No	( )	Character & Porosity of Soil Clay to sandy loam
Auto. Dishwasher	Yes	(✓)	No	( )	Percolation Rate _____
Auto. Wash. Machine	Yes	(✓)	No	( )	Topography 2 to 3% slope
Site Suitable	Yes	(✓)	No	( )	Depth to Water Table 4 to 8' to lake level
Lot Area 3+ acre					Rock or other impervious formations none



Plot of System

IMPROVEMENTS PERMIT BY J. C. Moore

COMMENTS: over all amount of drain line for septic tank 1125 sq. feet 45'0"
Washing machine 250 sq. ft 4 lines 50 ft each

CERTIFICATE OF COMPLETION BY J. C. Moore DATE 5-22-6

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