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 Dick Shoff DATE 3-19-82 PERMIT NO. _____

PHONE: Business _____ Home _____

LOCATION 1100 TL 1113 TR 1271 ON cul-de-sac

S. R. No. _____

SUBDIVISION NAME Isle of Pines LOT NO. 10 SECTION OR BLOCK NO. _____

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

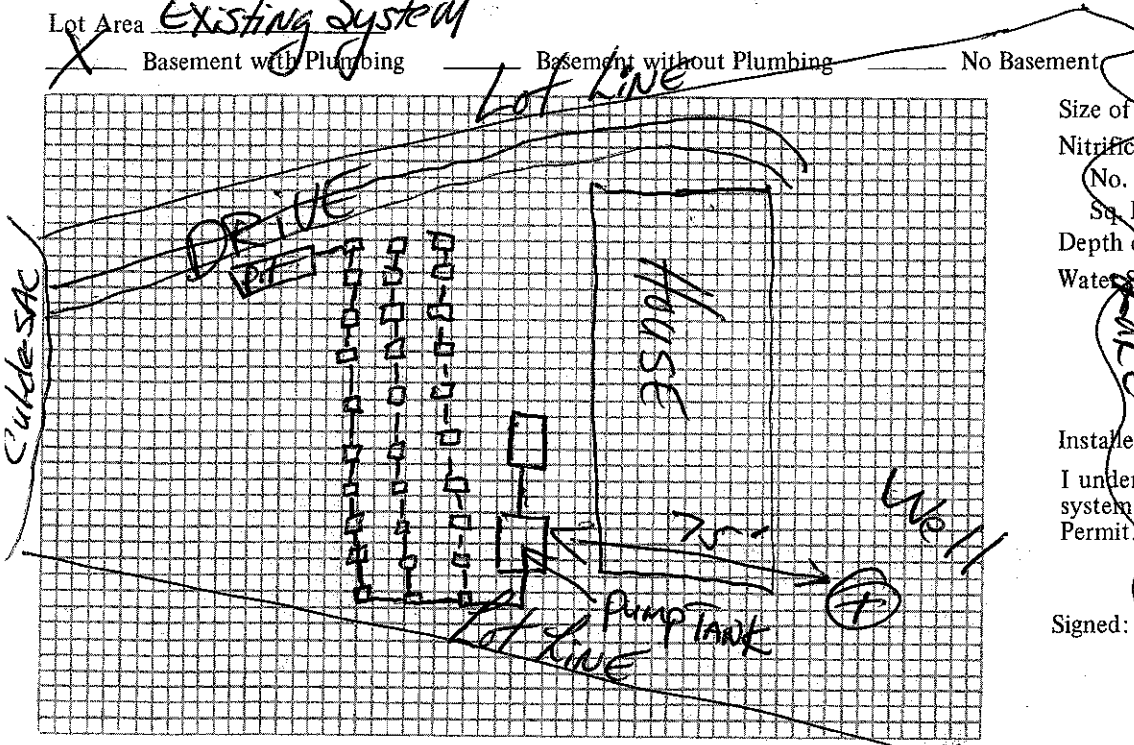
No. Bedrooms 4 No. Bathrooms 3

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

Character & Porosity of Soil _____
Percolation Rate _____ Existing System
Topography _____
Depth to Water Table _____
Rock or other impervious formations _____

Lot Area Existing System

X Basement with Plumbing ____ Basement without Plumbing ____ No Basement



Plot of System

Size of Tank Existing Gals.
Nitrification Field:
No. of Lines 32 tow pit
Sq. Ft. _____ Linear Ft. _____
Depth of Stone in Lines _____
Water Supply: Individual (X)
Public ( )

Installed by _____

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

Signed: (X) Jimmy Lyons

IMPROVEMENTS PERMIT BY Fred Clemmer & R.W. Johnson

COMMENTS: Repair to CASE System

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