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 Luther Butner DATE 12-5-74 PERMIT NO. 327

PHONE: Business _____ Home _____

LOCATION 1100 TL on 1113 at end

S. R. No. 1113

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

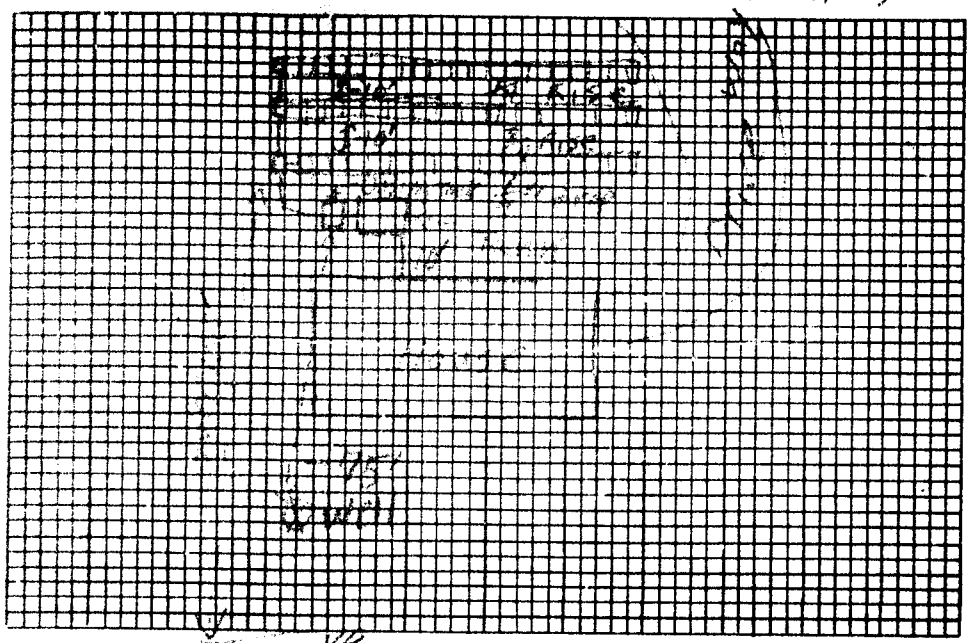
House (✓) Mobile Home ( ) Business ( ) Other _____

No. Bedrooms 4 No. Bathrooms 3

Garbage Disposal Unit Yes (✓) No ( )
Auto. Dishwasher Yes (✓) No ( )
Auto. Wash. Machine Yes (✓) No ( )
Site Suitable Yes (✓) No ( )
Lot Area ½ acre

Character & Porosity of Soil Filled in area of Sandy clay
Percolation Rate ~~Fast~~ not taken in this fill
Topography 20% Slope
Depth to Water Table 3' 8" above High water mark
Rock or other impervious formations none

This is elevation from high water to bottom of nitrification d. tch.



Plot of System

Size of Tank 1000 Gals.
Nitrification Field: 270 gal Dosing Tank
No. of Lines 3 Block Lines
Sq. Ft. 450 Linear Ft. 150
Depth of Stone in Lines No Stone
Water Supply: Individual (✓)
Public ( )

Installed by Oink Hill Septic Tank Service. High Point, N.C.

IMPROVEMENTS PERMIT BY J. C. Moore

COMMENTS: Case system with a Pump in Dosing Tank. Effluent is pumped up to Block lines. Area where Block lines are installed is in a Filled area.

CERTIFICATE OF COMPLETION BY J. C. Moore Sanitarian DATE 12-5-74

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