IREDELL COUNTY HEALTH DEPARTMENT 4635-44-3453

(SEPTIC TANK) IMPROVEMENTS PERMIT AND CERTIFICATE OF COMPLETION
(Ground Absorption Sewage Disposal System – G. S. Chapter 130-Article 13C)

OWNER OR CONTRACTOR Norman Kinzie DATE 5-18-83 PERMIT NO. 453

PHONE: Business _____ Home _____

LOCATION 1100 Rt 1113 At Isle of Pines #2 just before Sunset Lane

SUBDIVISION NAME Isle of Pines LOT NO. 7 + 1/2(6) SECTION OR BLOCK NO. 11 S. R. No. _____

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

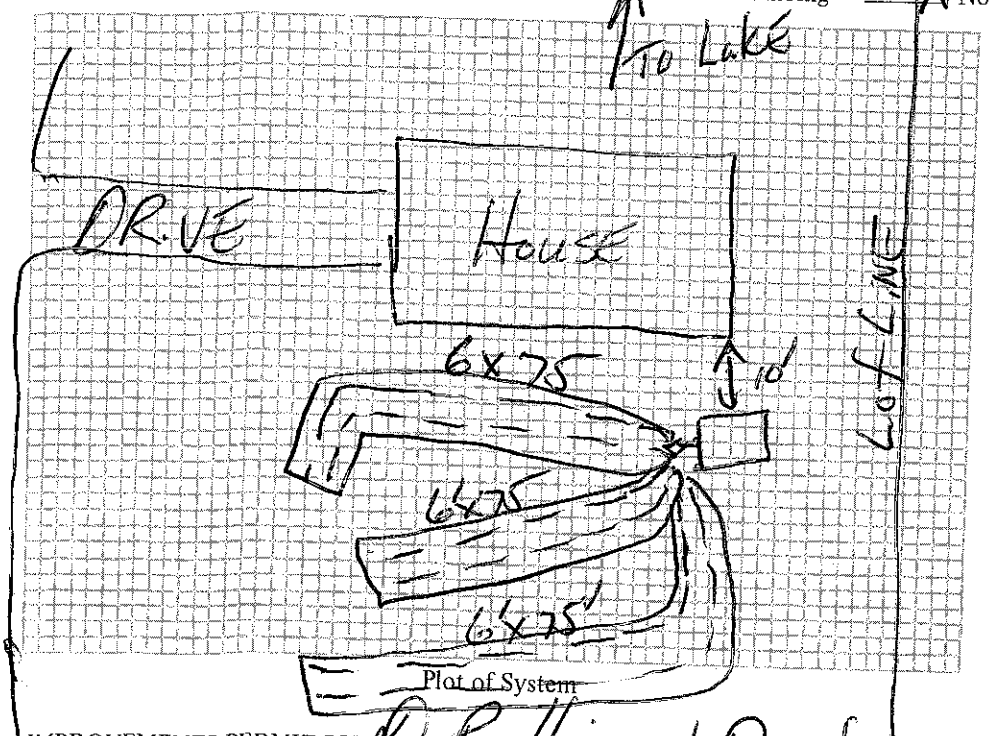
No. Bedrooms 3 No. Bathrooms 2

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

Lot Area 30,000 Ft²

Character & Porosity of Soil Clay loam
Percolation Rate .4 gal/ft²/day
Topography 20% 24
Depth to Water Table _____
Rock or other impervious formations None Observed

_____ Basement with Plumbing _____ Basement without Plumbing X No Basement



Size of Tank 1250 Gals.
Nitrification Field:
No. of Lines 3 ditches
Sq. Ft. 1350 Linear Ft. 450
Depth of Stone in Lines 12
Water Supply: Individual (X)
Public ( )

Installed by T.R. Bowles

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

Signed: _____

IMPROVEMENTS PERMIT BY D.R. Hinson Road 1113

COMMENTS: Bottom of trench 3' Above 760 Elevation level

CERTIFICATE OF COMPLETION BY Fred Clemmons DATE 5-18-83

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