4635-44-3525

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 Norman Kinzie DATE 3-18-86 PERMIT NO. 118

PHONE: Business ______ Home ______

LOCATION 1100 TL on to Isle of Pines ~ 3 miles on Right near end of Isle of Pines S. R. No. ______

SUBDIVISION NAME Isle of Pines LOT NO. 5 SECTION OR BLOCK NO. II

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

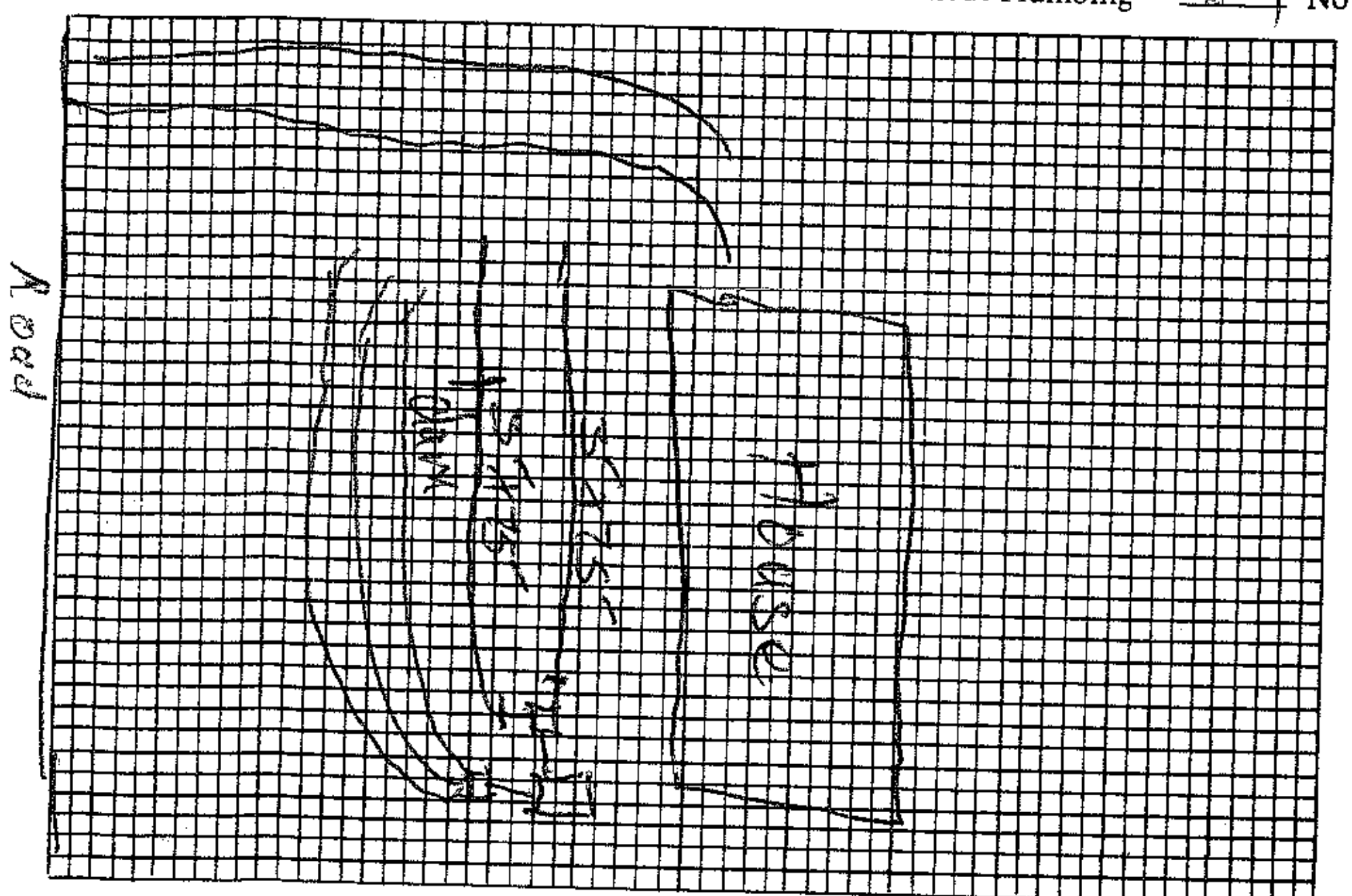
No. Bedrooms 3 No. Bathrooms 2

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

Lot Area existing

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

______ Basement with Plumbing ~~✓~~ Basement without Plumbing ✓ No Basement



Plot of System

Size of Tank Existing Gals.

Nitrification Field:
No. of Lines 2
Sq. Ft. 450 Linear Ft. 150
Depth of Stone in Lines 12"

Water Supply: Individual (✓)
Public ( )

Installed by Sigmon

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

Signed: ______

IMPROVEMENTS PERMIT BY FAC

COMMENTS: ______

CERTIFICATE OF COMPLETION BY Charles K. Barnett DATE 3-18-86

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