~~4635-46-0558~~

IREDELL COUNTY HEALTH DEPARTMENT 4635-44-3701

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

OWNER OR CONTRACTOR Charles R. Seamon DATE June 25, '91 PERMIT NO. _____

PHONE: Business _____ Home _____

LOCATION 1100 TR 1113 (Lake of Pines) on Right where narrowest point of wood-lake is. S. R. No. _____

SUBDIVISION NAME Lake of Pines LOT NO. 4 SECTION OR BLOCK NO. 2

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

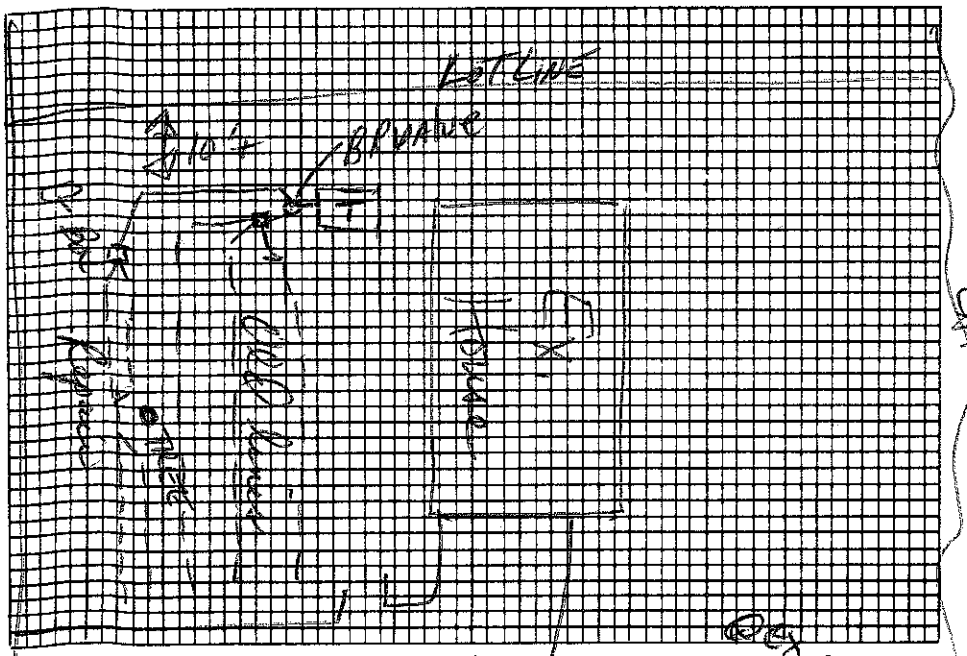
No. Bedrooms 3 No. Bathrooms 2½

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

Character & Porosity of Soil ls clay
Percolation Rate ~3 + 4
Topography 0-2%
Depth to Water Table 4'+
Rock or other impervious formations none obs

Lot Area Existing

____ Basement with Plumbing ____ Basement without Plumbing ___✓___ No Basement



Size of Tank Existing Gals.
Nitrification Field:
No. of Lines 6' x 69' Bed
Sq. Ft. ~360 Linear Ft. ~120
Depth of Stone in Lines 20"
Water Supply: Individual (✓)
Public ( )

Installed by J. Erwin

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

Signed: _____

IMPROVEMENTS PERMIT BY _____

COMMENTS: Trench (bed) narrowed to 3' around tree.

CERTIFICATE OF COMPLETION BY David R. Hinson, RS DATE 6/25/91

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

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 Charles R. Lemon DATE 12-20-84 PERMIT NO. 468

PHONE: Business _____ Home _____

LOCATION 1100 TL 1113 ONR

S. R. No. _____

SUBDIVISION NAME Isle of Pines #2 LOT NO. 4 SECTION OR BLOCK NO. II

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

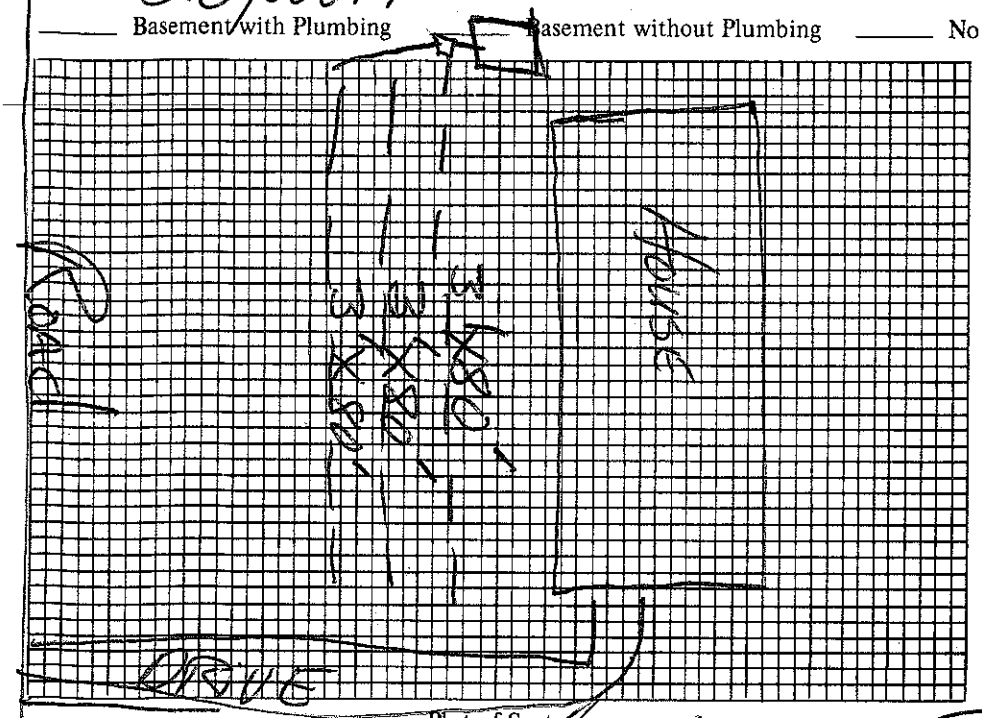
No. Bedrooms 3 No. Bathrooms 2½

Garbage Disposal Unit	Yes	(X)	No	( )	Percolation Rate 0.5 gpd/ft²/day
Auto. Dishwasher	Yes	(X)	No	( )	Topography 20% 4
Auto. Wash. Machine	Yes	(X)	No	( )	Depth to Water Table
Site Suitable	Yes	(X)	No	( )	Rock or other impervious formations None obs.

Lot Area 20,000+ ½

Character & Porosity of Soil Clay

_____ Basement with Plumbing _____ Basement without Plumbing _____ No Basement



Plot of System

Size of Tank 1500 Gals.

Nitrification Field:
No. of Lines 3
Sq. Ft. 750 Linear Ft. 250
Depth of Stone in Lines 12"

Water Supply: Individual (X)
Public ( )

Installed by J. J. ERVIN

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

Signed: _____

IMPROVEMENTS PERMIT BY Fred Clemmer

COMMENTS: _____

CERTIFICATE OF COMPLETION BY Fred Clemmer DATE 12-20-84

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