4635 44 5593

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 Gordon Lowry DATE 1-6-96 PERMIT NO. 2

PHONE: Business _____ Home 663-4640

LOCATION 1400 ft on 1113

S. R. No. 1113

SUBDIVISION NAME Isle of Pine LOT NO. 26 SECTION OR BLOCK NO. 2

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

No. Bedrooms 3 No. Bathrooms 3

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

Lot Area 1/2 acre

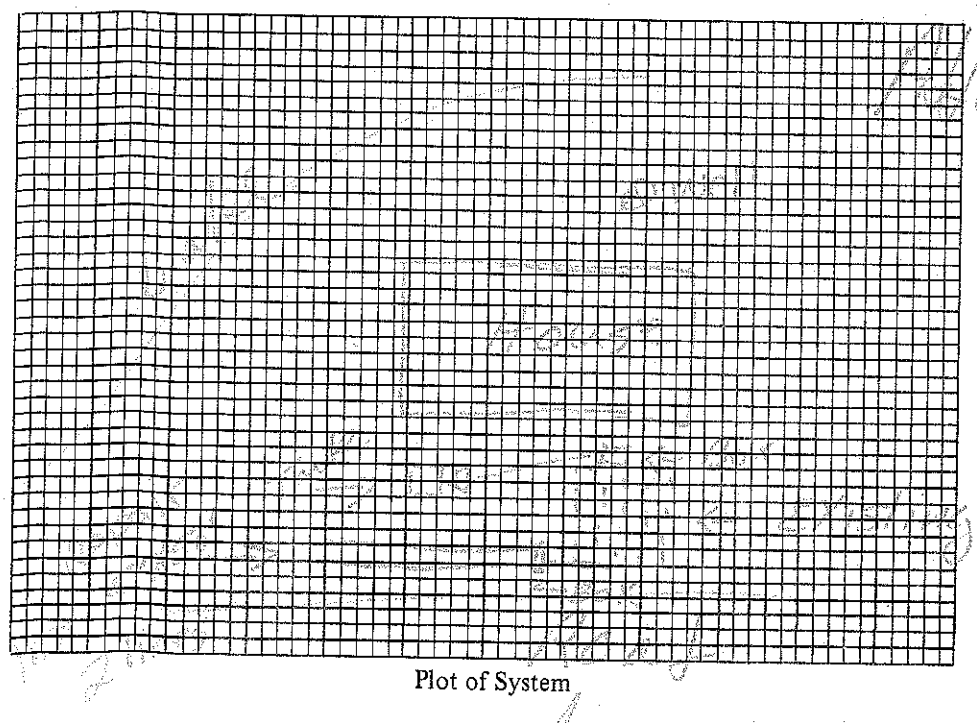
Character & Porosity of Soil A

Percolation Rate _____

Topography Repair

Depth to Water Table _____

Rock or other impervious formations _____



Plot of System

Size of Tank 1 Gals.

Nitrification Field:

No. of Lines 2

Sq. Ft. 250 Linear Ft. 100

Depth of Stone in Lines 24"

Water Supply: Individual (✓)

Public ( )

Installed by E. J. Penn

IMPROVEMENTS PERMIT BY L. C. Moore

COMMENTS: _____

CERTIFICATE OF COMPLETION BY L. C. Moore DATE 1-6-96

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