IREDELL COUNTY HEALTH DEPARTMENT 4635-44-5593

(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 7-3-75 PERMIT NO. 147

PHONE: Business _____ Home _____

LOCATION Rt 5 Box 113 Mocksville Towards [illegible]

[illegible] S. R. No. _____

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

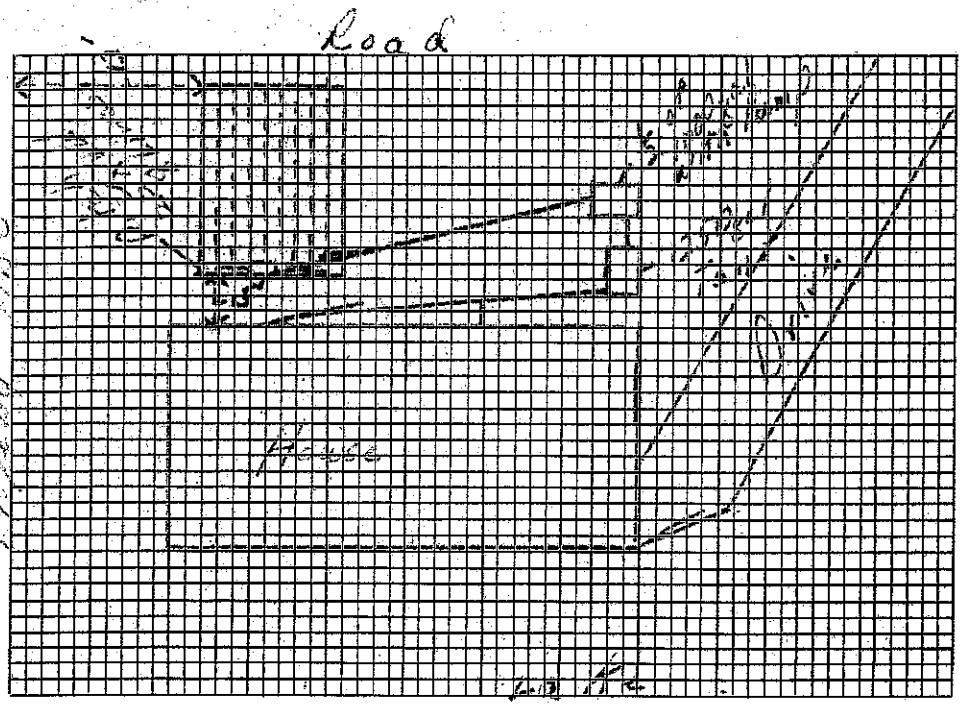
House (✓) Mobile Home ( ) Business ( ) Other _____

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 ½ acre

Character & Porosity of Soil Clay loam Percolation Rate 53 Min/1
Topography 3 to 15% slope
Depth to Water Table 4' to 5' to last Rock or other impervious formations None



Plot of System

Size of Tank 1250 Gals.
Nitrification Field:
No. of Lines 3
Sq. Ft. 400 Linear Ft. 252
Depth of Stone in Lines 15"
Water Supply: Individual (✓)
Public ( )

Installed by E. J. Sims

IMPROVEMENTS PERMIT BY B. C. Moore

COMMENTS: _____

CERTIFICATE OF COMPLETION BY John Hamilton DATE 7-3-75

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