4635-35-~~7891~~
44 7258

IREDELL COUNTY HEALTH DEPARTMENT

IMPROVEMENT PERMIT AND CERTIFICATE OF COMPLETION / OPERATIONS PERMIT

OWNER OR CONTRACTOR Walter Pawlowski DATE Jan. 21, '92 PERMIT NO. _____

PHONE: Business _____ Home _____

LOCATION 1100 TL 1113 (Isle of Pines) 3rd on left from end S.R. No. _____

SUBDIVISION NAME Isle of Pines LOT NO. 23 SECTION OR BLOCK NO. 2

707 Isle of Pines

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 ☐

Lot Area Existing

Soil Characteristics ps clay/loam

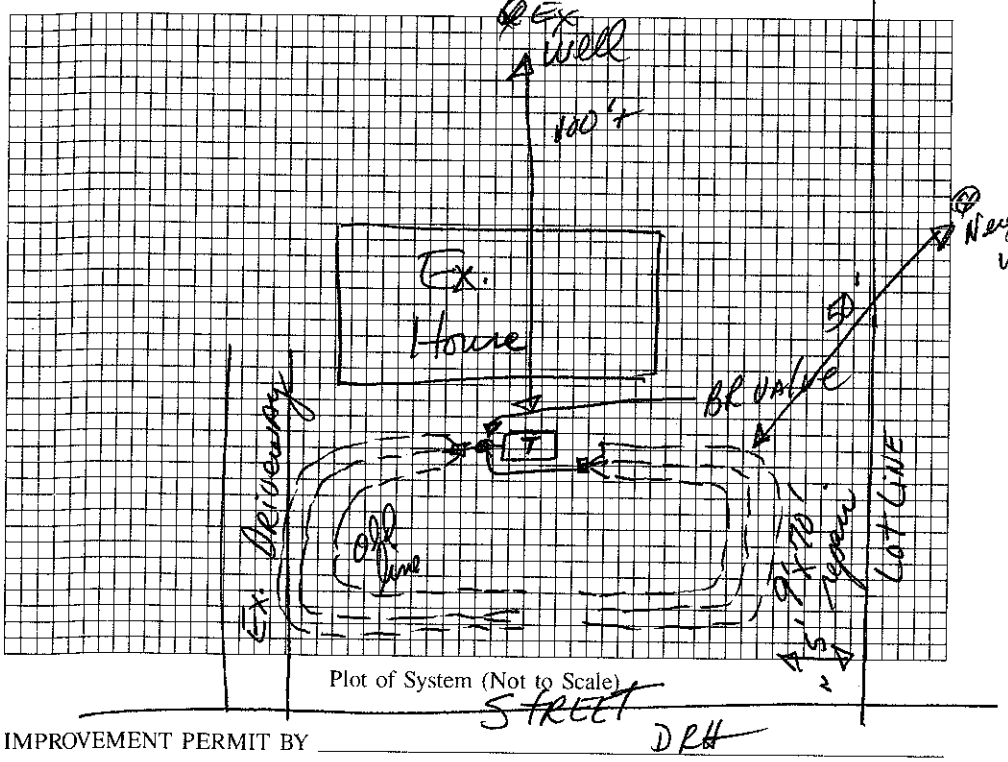
Application Rate ~.4

Topography 2%

Depth to Water Table 6'+

Rock or other impervious formations none obs.

_____ Basement with Plumbing _____ Basement without Plumbing ✓ No Basement (Slab) _____ Crawl Space



Plot of System (Not to Scale)

Size of Tank Existing Gals.

Nitrification Field:

No. of Lines Bed - 9' x 70'

Sq. Ft. 630 Linear Ft. 210

Depth of Stone in Lines 36"

Water Supply: Individual ☑ Public ☐

Installed by T J Ervin

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

Signed: _____

(IMPROVEMENT PERMIT IS VALID FOR 60 MONTHS FROM DATE OF ISSUE.)

IMPROVEMENT PERMIT BY DRH

COMMENTS _____

CERTIFICATE OF COMPLETION BY D R Hinson, RS DATE 1-21-92

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 unapproved changes are made to the site, and/or if any false information is supplied toward securing Improvement 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 Ed Griffin Co. DATE 11-26-74 PERMIT NO. 322

PHONE: Business 537-4254 Home

LOCATION Rd 1100 TL on 1113 at end on Left.

S. R. No.

SUBDIVISION NAME Isle of Pine LOT NO. 23 SECTION OR BLOCK NO.

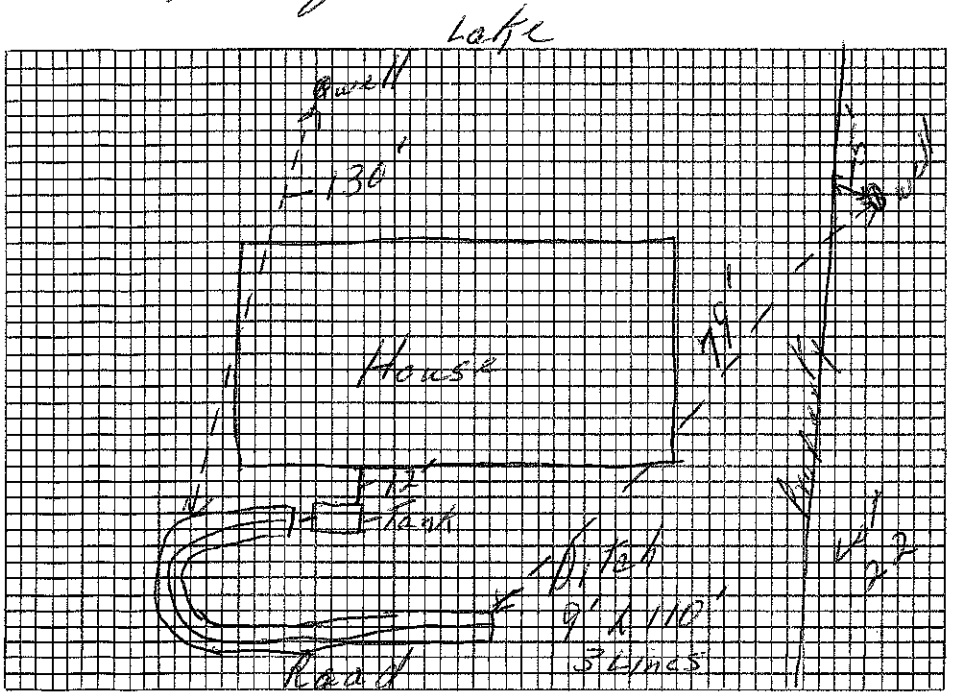
House (✓) Mobile Home ( ) Business ( ) Other

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 30,000 sq ft

Character & Porosity of Soil Fine Sandy Clay/loam (fair to good) Forest
Percolation Rate 52 min/inch
Topography 2% to 5% Slope
Depth to Water Table 8' to 10' To Lake Level
Rock or other impervious formations None



Plot of System

Size of Tank 1000 Gals.
Nitrification Field:
No. of Lines 3
Sq. Ft. 990 Linear Ft. 330
Depth of Stone in Lines 10"
Water Supply: Individual (✓)
Public ( )

Installed by E. T. Ervin

IMPROVEMENTS PERMIT BY J. C. Moore

COMMENTS:

CERTIFICATE OF COMPLETION BY John Houston DATE 11-26-74

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