~~4635-35-0670~~

9989

IREDELL COUNTY HEALTH DEPARTMENT 4635-35-9045

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

OWNER OR CONTRACTOR Jack West DATE 9/1/89 PERMIT NO. 2G-18-A-20

PHONE: Business _____ Home _____

LOCATION 1100 TL Isle of Pines Near end on left

S. R. No. _____

SUBDIVISION NAME Isle of Pines LOT NO. 20 SECTION OR BLOCK NO. II

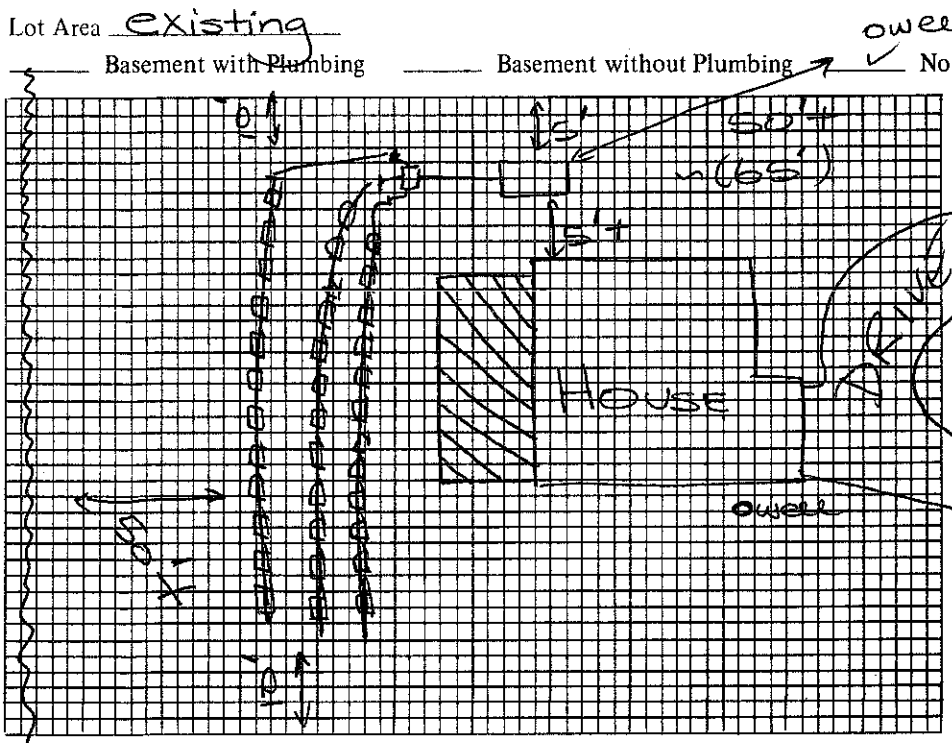
House (✓) Mobile Home ( ) Business ( ) Other _____

No. Bedrooms 4 No. Bathrooms _____
Garbage Disposal Unit Yes ( ) No (✓)
Auto. Dishwasher Yes (✓) No ( )
Auto. Wash. Machine Yes (✓) No ( )
Site Suitable Yes (✓) No ( )

Character & Porosity of Soil Clayey
Percolation Rate .3-.49 gpd/ft2
Topography Gently
Depth to Water Table 4'+
Rock or other impervious formations none observed

Lot Area existing

_____ Basement with ~~Plumbing~~ _____ Basement without Plumbing ✓ No Basement



Plot of System

Size of Tank existing Gals.
Nitrification Field:
No. of Lines 3
Sq. Ft. _____ Linear Ft. 255' of
Depth of Stone in Lines 16" T and J
Water Supply: Individual (✓) panels
Public ( )
Isle of Pines

Installed by F.J. Ervin

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

Signed: _____

IMPROVEMENTS PERMIT BY Andrea C Rea, R.S. / w/ J.O. Moore

COMMENTS: _____

CERTIFICATE OF COMPLETION BY Andrea C Rea, R.S. DATE 9/1/89

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