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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 John Price, Jr. DATE 9/12/88 PERMIT NO. 20D

PHONE: Business _____ Home 664-5302

LOCATION 1100 TL Isle of Pines (into Isle of Pines → 8th on Left. S. R. No. _____

SUBDIVISION NAME Isle of Pines #1 LOT NO. 15 SECTION OR BLOCK NO. 1

TAX #: 2G-1-A-15 DAVIDSON.

House (X) Mobile Home ( ) Business ( ) Other REPAIR ADDITION

No. Bedrooms 3 No. Bathrooms 2

Garbage Disposal Unit Yes ( ) No ( )

Auto. Dishwasher Yes ( ) No ( )

Auto. Wash. Machine Yes ( ) No ( )

Site Suitable Yes ( ) No ( )

Character & Porosity of Soil existing

Percolation Rate _____

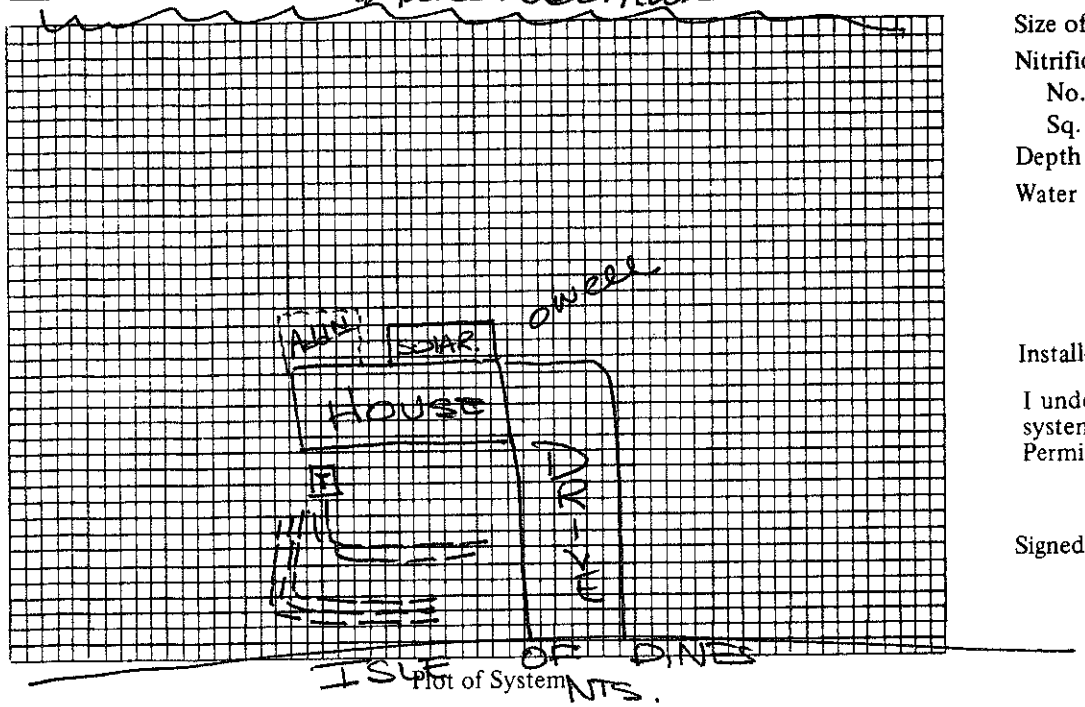
Topography _____

Depth to Water Table _____

Rock or other impervious formations _____

Lot Area 130'X130'

_____ Basement with Plumbing Lake Norman _____ Basement without Plumbing X No Basement



Plot of System NTS.

Size of Tank existing Gals.

Nitrification Field:

No. of Lines existing

Sq. Ft. _____ Linear Ft. _____

Depth of Stone in Lines _____

Water Supply: Individual (✓)

Public ( )

Installed by _____

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

Signed: _____

IMPROVEMENTS PERMIT BY _____

COMMENTS: No sign of sewage seen at time of inspection

CERTIFICATE OF COMPLETION BY _____ DATE _____

EXISTING SYSTEM CHECKED BY: Andrea C. Price DATE 9/12/88

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 John T. Price DATE 1-14-86 PERMIT NO. 19 20

PHONE: Business _____ Home _____

LOCATION 150 W TR 1109 TR 1100 TR 1113 To Isle of Pines S/D 8th house ON left S. R. No. _____

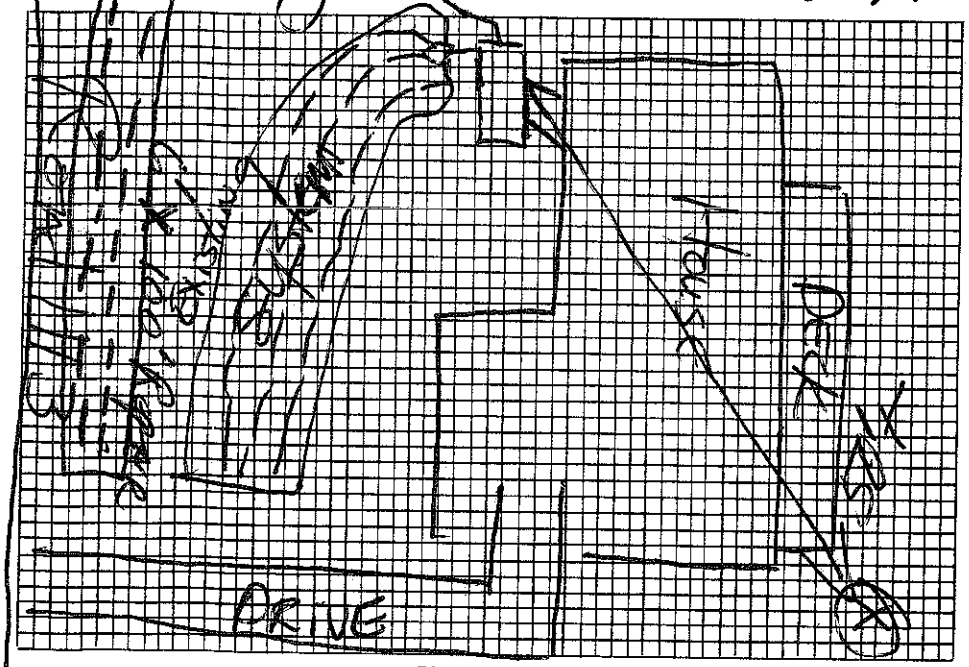
SUBDIVISION NAME Isle of Pines LOT NO. 15 SECTION OR BLOCK NO. _____

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

No. Bedrooms 3 No. Bathrooms 2

Garbage Disposal Unit	Yes ( )	No (X)	Character & Porosity of Soil		
Auto. Dishwasher	Yes (X)	No ( )	Percolation Rate		
Auto. Wash. Machine	Yes (X)	No ( )	Topography	LINE	EXISTING
Site Suitable	Yes (X)	No ( )	~~Depth to Water Table~~		System
Lot Area EXISTING			Rock or other impervious formations		

~~Basement with Plumbing~~ _____ Basement without Plumbing _____ X No Basement



Plot of System

Size of Tank EXISTING Gals.
Nitrification Field:
No. of Lines 2
Sq. Ft. 600 Linear Ft. 390
Depth of Stone in Lines 12"
Water Supply: Individual (X)
Public ( )

Installed by ~~Sigmon Septic~~

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

Signed: _____

IMPROVEMENTS PERMIT BY J. Clemmer

COMMENTS: Note: Should Landscape over System

CERTIFICATE OF COMPLETION BY Jack Clemmer DATE 1-14-86

EXISTING SYSTEM CHECKED BY: _____ DATE _____

CONSTRUCTION MUST COMPLY WITH ALL OTHER APPLICABLE STATE AND LOCAL REGULATIONS.

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Health Dept. Copy: White Inspection Dept. Copy: Yellow Sanitarian's Copy: Pink Owner's Copy: Gold