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 Innis DATE Oct-11,'89 PERMIT NO.

PHONE: Business Home

LOCATION 1100 TL 1113 (Isle of Pines) near end on left

S. R. No.

SUBDIVISION NAME Isle of Pines LOT NO. 3 SECTION OR BLOCK NO.

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

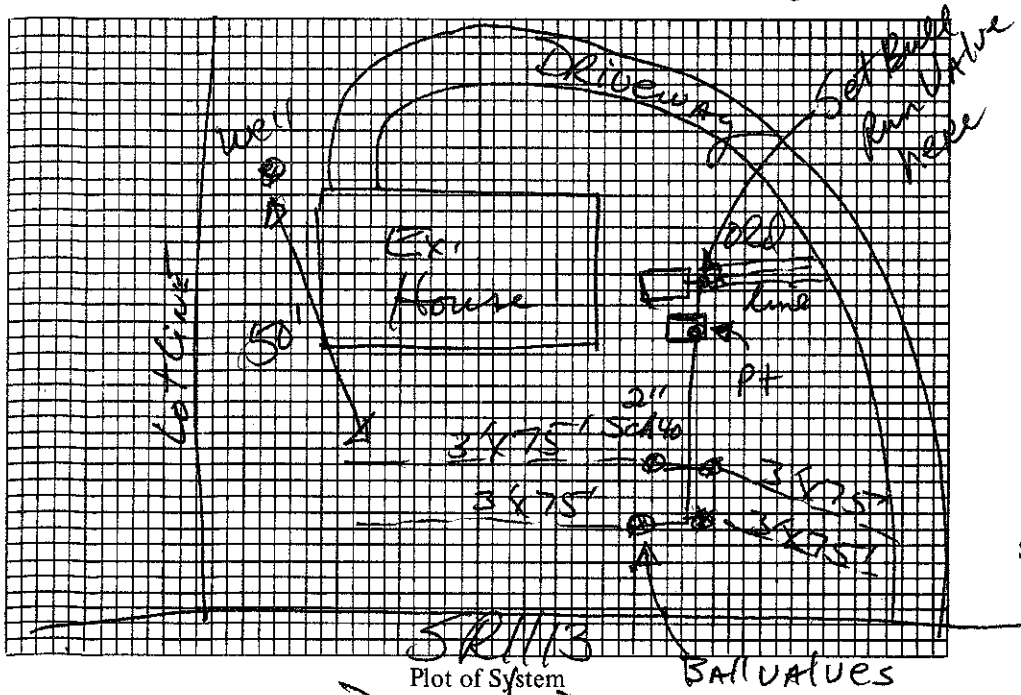
No. Bedrooms 3 No. Bathrooms 3

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

Character & Porosity of Soil clay
Percolation Rate 1 in 3
Topography Flat
Depth to Water Table 3'+
Rock or other ~~impervious~~ formations none obs.

Lot Area Existing

_____ Basement with Plumbing _____ Basement without Plumbing ✓ No Basement



Plot of System

1000 pump tank

Size of Tank Existing Gals.

Nitrification Field:
No. of Lines 4
Sq. Ft. 900 Linear Ft. 300
Depth of Stone in Lines 12"

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 J R Hinson R.S.

Pump specs: 25 gal/min at Approx. 12' TDH
Dose 150 gal/cycle of ~6 min.

COMMENTS: Follow contour with new lines. Trench bottom no deeper than 24". Pressure dose laterals. Use 1½" lateral with one 5/32" hole every 5 feet; 2 feet pressure head per ditch. Set Ball Run Valve between tank and ex. d-box. Divert flow to new lines.

CERTIFICATE OF COMPLETION BY _____ DATE _____

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