4635-46-0638

IREDELL COUNTY HEALTH DEPARTMENT [redacted]

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

OWNER OR CONTRACTOR Floyd Green DATE 1-10-78 PERMIT NO. _____

PHONE: Business _____ Home _____

LOCATION Rd 1113 at entrance to Isle of Pine

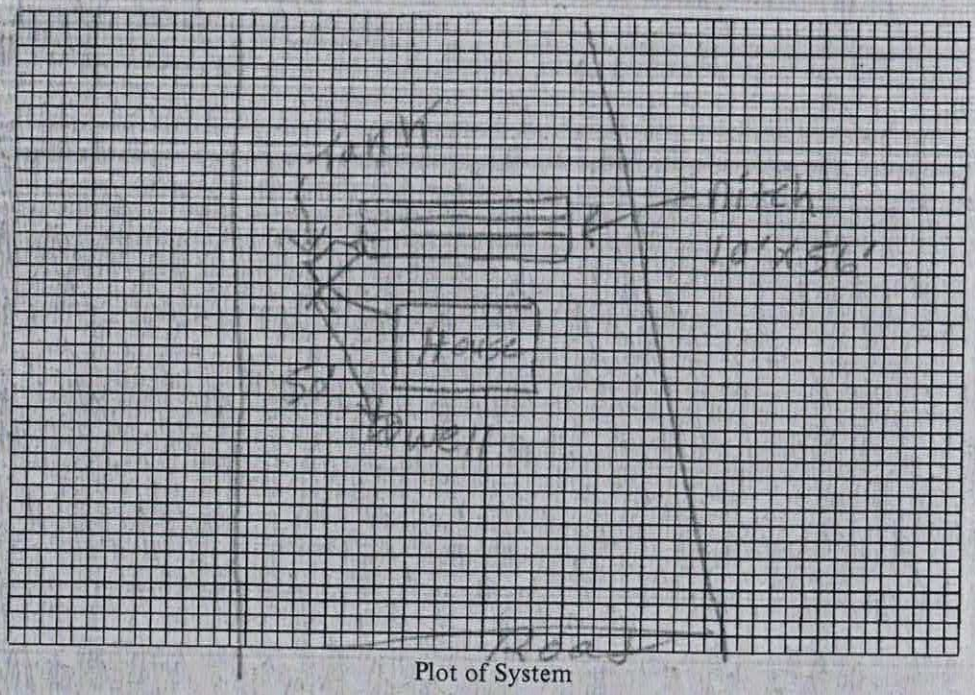
S. R. No. _____

SUBDIVISION NAME Isle of Pine LOT NO. 3 SECTION OR BLOCK NO. I

Site Address: 585 Isle Of Pines Rd - Mrsvl.

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

No. Bedrooms 3	No. Bathrooms 2	Character & Porosity of Soil	Clay
Garbage Disposal Unit	Yes ( ) No (✓)	Percolation Rate	
Auto. Dishwasher	Yes (✓) No ( )	Topography	
Auto. Wash. Machine	Yes (✓) No ( )	Depth to Water Table	Existing
Site Suitable	Yes (✓) No ( )	Rock or other impervious formations	System
Lot Area 1/2 acre			



Plot of System

Size of Tank 1000 Gals.

Nitrification Field:
No. of Lines 4
Sq. Ft. 562½ Linear Ft. 225
Depth of Stone in Lines 10"

Water Supply: Individual (✓)
Public ( )

Installed by 7

IMPROVEMENTS PERMIT BY _____ 1

COMMENTS: System is adequate for above size house

CERTIFICATE OF COMPLETION BY R. C. Moore DATE 1-10-78

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