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 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. 33 SECTION OR BLOCK NO. I

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 1/2 acre

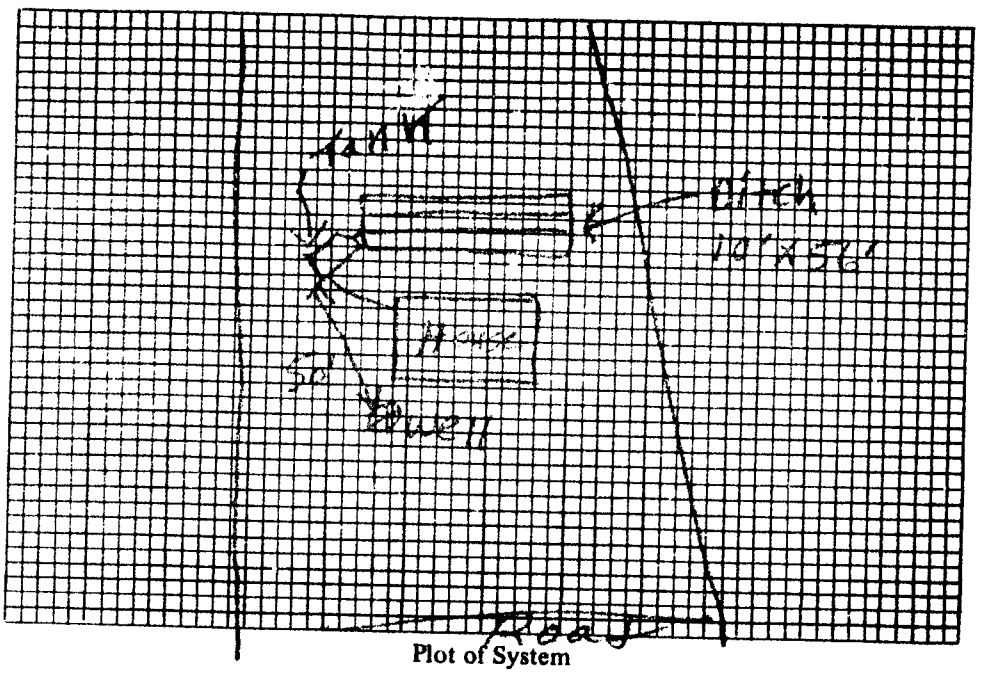
Character & Porosity of Soil Clayey

Percolation Rate _____

Topography _____

Depth to Water Table _____

Rock or other impervious formations Existing System



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 ?

IMPROVEMENTS PERMIT BY _____

COMMENTS: System is adequate for above size house

CERTIFICATE OF COMPLETION BY L. 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