IREDELL COUNTY HEALTH DEPARTMENT 4636402660

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

OWNER OR CONTRACTOR L.E. Hartsell DATE 1-31-85 PERMIT NO. 19

PHONE: Business _____ Home _____

LOCATION 1st dirt road on left on Isle of Pines go a ¼ to ½ mile down the road white double wide on left right

SUBDIVISION NAME _____ LOT NO. _____ SECTION OR BLOCK NO. _____ S. R. No. _____

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

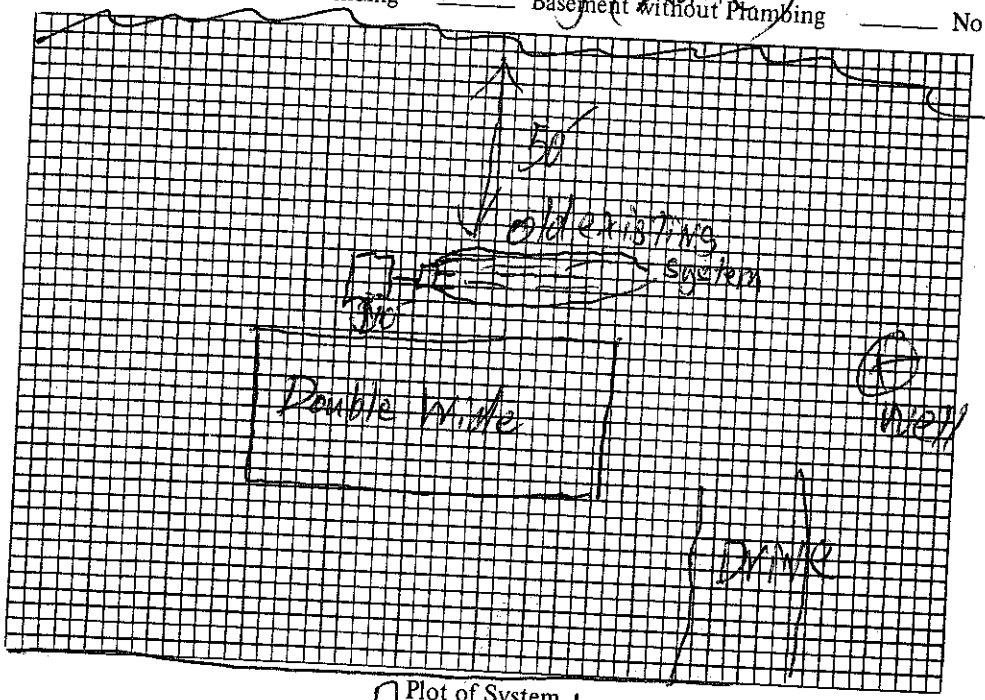
No. Bedrooms 2 No. Bathrooms _____

| | | | |
|---|---|---|---|
| Garbage Disposal Unit | Yes ( ) | No ( ) | |
| Auto. Dishwasher | Existing Yes ( ) | No ( ) | |
| Auto. Wash. Machine | Yes ( ) | No ( ) | |
| Site Suitable | Yes ( ) | No ( ) | |

Lot Area _____

Character & Porosity of Soil _____
Percolation Rate E
Topography _____
Depth to Water Table Existing
Rock or other impervious formations _____

_____ Basement with Plumbing Existing (Lake) _____ Basement without Plumbing _____ No Basement




Plot of System

Size of Tank _____ Gals.
Nitrification Field: E
No. of Lines _____
Sq. Ft. _____ Linear Ft. Existing
Depth of Stone in Lines _____
Water Supply: Individual (X)
Public ( )

Installed by _____

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

Signed: _____

IMPROVEMENTS PERMIT BY Dirt road

COMMENTS: Existing system working O.K at date of inspection

CERTIFICATE OF COMPLETION BY _____

EXISTING SYSTEM CHECKED BY: Charles K. Bennett DATE 1-31-85

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