4655-13-5922

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 A.C. Holthouser DATE Feb. 4 80 PERMIT NO. 15

PHONE: Business _____ Home _____

LOCATION 1153 TL past Buttery, L Kearney

_____ S. R. No. _____

SUBDIVISION NAME Eastport M.H. Park LOT NO. 1B & 3B SECTION OR BLOCK NO. _____

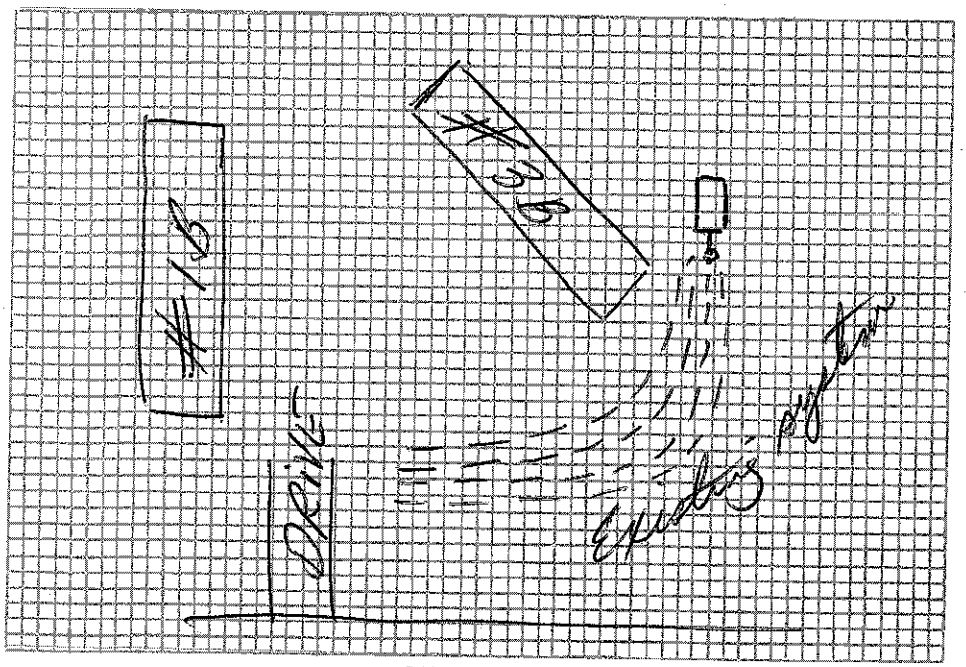
House ( ) 2 Mobile Home (~~1~~) Business ( ) Other _____

No. Bedrooms 6 No. Bathrooms 4

Garbage Disposal Unit	Yes ( )	No (~~1~~)	
Auto. Dishwasher	Yes (~~1~~)	No ( )	
Auto. Wash. Machine	Yes (~~1~~)	No ( )	
Site Suitable	Yes (~~1~~)	No ( )	

Lot Area Existing

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



Plot of System

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 _____

IMPROVEMENTS PERMIT BY _____

COMMENTS: Existing system working OK at time of inspection.

CERTIFICATE OF COMPLETION BY Mark R. Hinson DATE 2-4-80

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