4655-13-3896

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 Fred Johnson Jr J M H Park DATE 10/15/91 PERMIT NO. Blanket P.A.

PHONE: Business _____ Home _____

LOCATION Export Tn.

_____ S. R. No. _____

SUBDIVISION NAME J+J M H Park LOT NO. C SECTION OR BLOCK NO. _____

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 ( )	

Character & Porosity of Soil Existing System

Percolation Rate _____

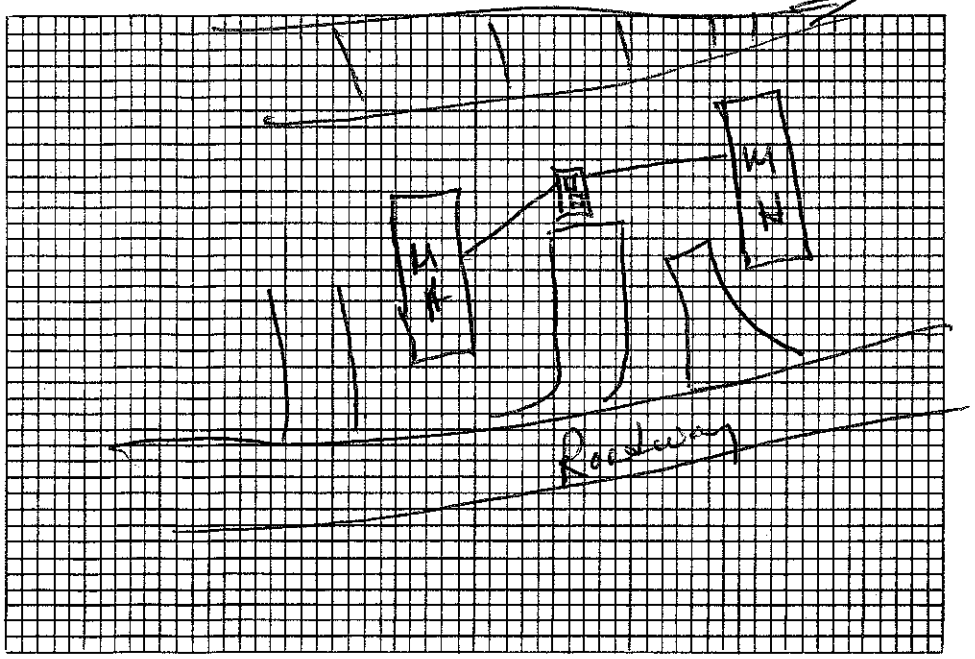
Topography _____

Depth to Water Table _____

Rock or other impervious formations _____

Lot Area Existing

_____ Basement with Plumbing _____ Basement without Plumbing ✓ No Basement



Plot of System

Size of Tank Existing System Gals.

Nitrification Field:

No. of Lines _____

Sq. Ft. _____ Linear Ft. _____

Depth of Stone in Lines _____

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 _____

COMMENTS: No sign of malfunction

CERTIFICATE OF COMPLETION BY _____ DATE _____

EXISTING SYSTEM CHECKED BY: Wesley Sparks R.S. DATE 10/15/91

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

4655-13-3896

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 3-25-82 PERMIT NO. 59

PHONE: Business _____ Home _____

LOCATION 155

S. R. No. _____

SUBDIVISION NAME East Port MH Park LOT NO. B+C SECTION OR BLOCK NO. _____

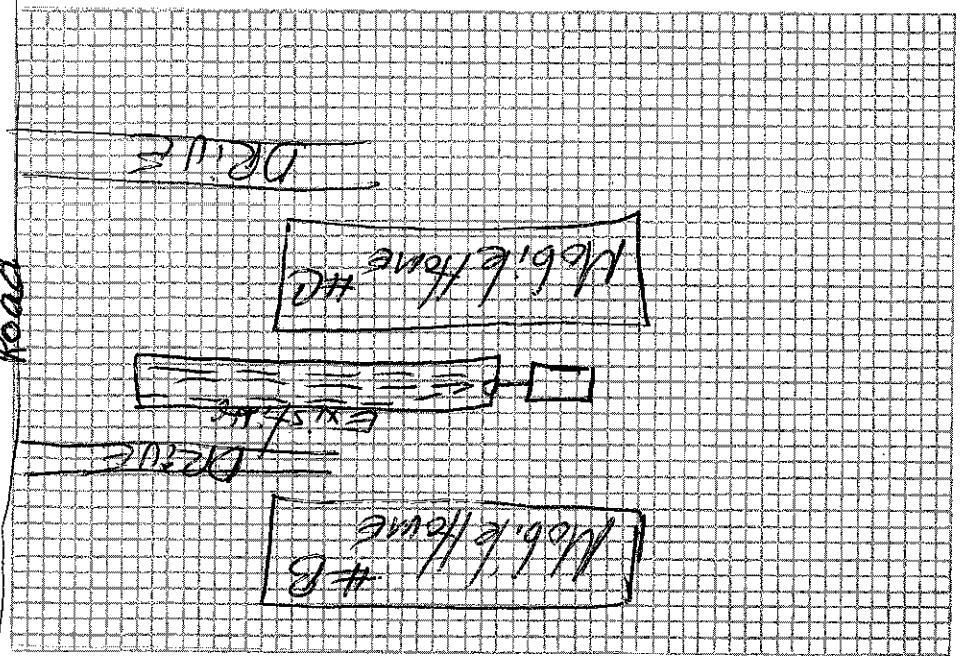
House ( ) Mobile Home (X) Business ( ) Other _____

No. Bedrooms 6 No. Bathrooms 2

Garbage Disposal Unit	Yes ( )	No (X)	Character & Porosity of Soil	Existing System	
Auto. Dishwasher	Yes (X)	No ( )	Percolation Rate		
Auto. Wash. Machine	Yes (X)	No ( )	Topography		
Site Suitable	Yes (X)	No ( )	Depth to Water Table		
			Rock or other impervious formations		

Lot Area Existing

_____ Basement with Plumbing _____ Basement without Plumbing _____ No Basement



Size of Tank Existing Gals.

Nitrification Field:

No. of Lines Existing

Sq. Ft. _____ Linear Ft. _____

Depth of Stone in Lines _____

Water Supply: Individual ( )

Public (X) Community

Installed by _____

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

Signed: _____

IMPROVEMENTS PERMIT BY _____

COMMENTS: Existing system working ok at date of inspection

CERTIFICATE OF COMPLETION BY _____ DATE _____

EXISTING SYSTEM CHECKED BY: Fred Clemmer DATE 3-24-82

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

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 2-4-80 PERMIT NO. 14

PHONE: Business _____ Home _____

LOCATION 1155 TL past Buttery & Beanery

_____ S. R. No. _____

SUBDIVISION NAME Eastpoint M.H. Park LOT NO. B & C SECTION OR BLOCK NO. _____

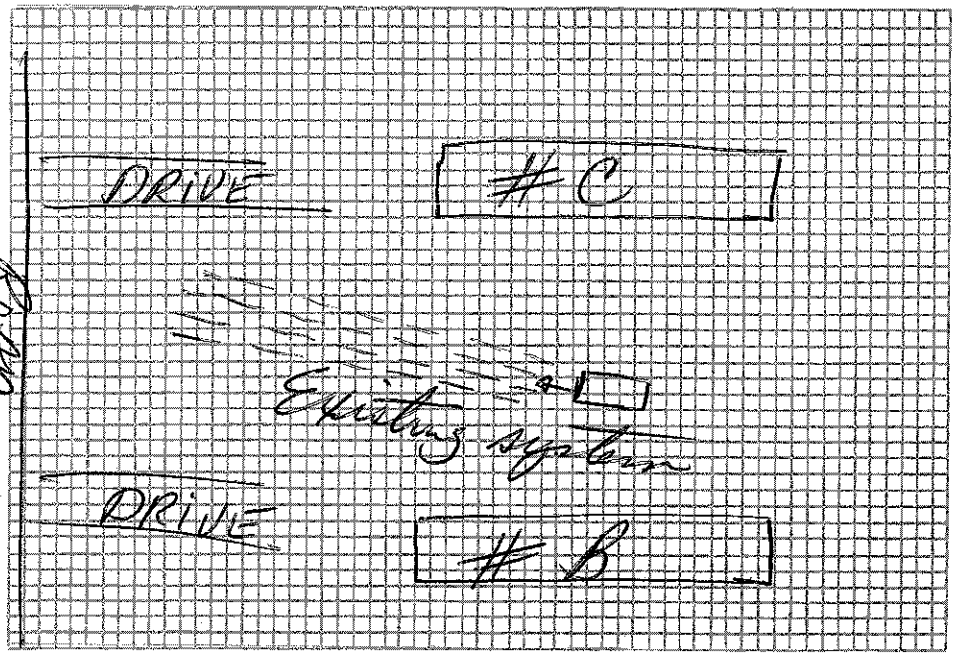
2

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

No. Bedrooms 6 No. Bathrooms 4

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