4655-13-4925

IREDELL COUNTY HEALTH DEPARTMENT

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

OWNER OR CONTRACTOR J&J Mobile Home Park DATE 5/3/91 PERMIT NO. —

PHONE: Business ______ Home ______

LOCATION Eastport Lon, off 1155, (L) to small house on (R) of road

S. R. No. ______

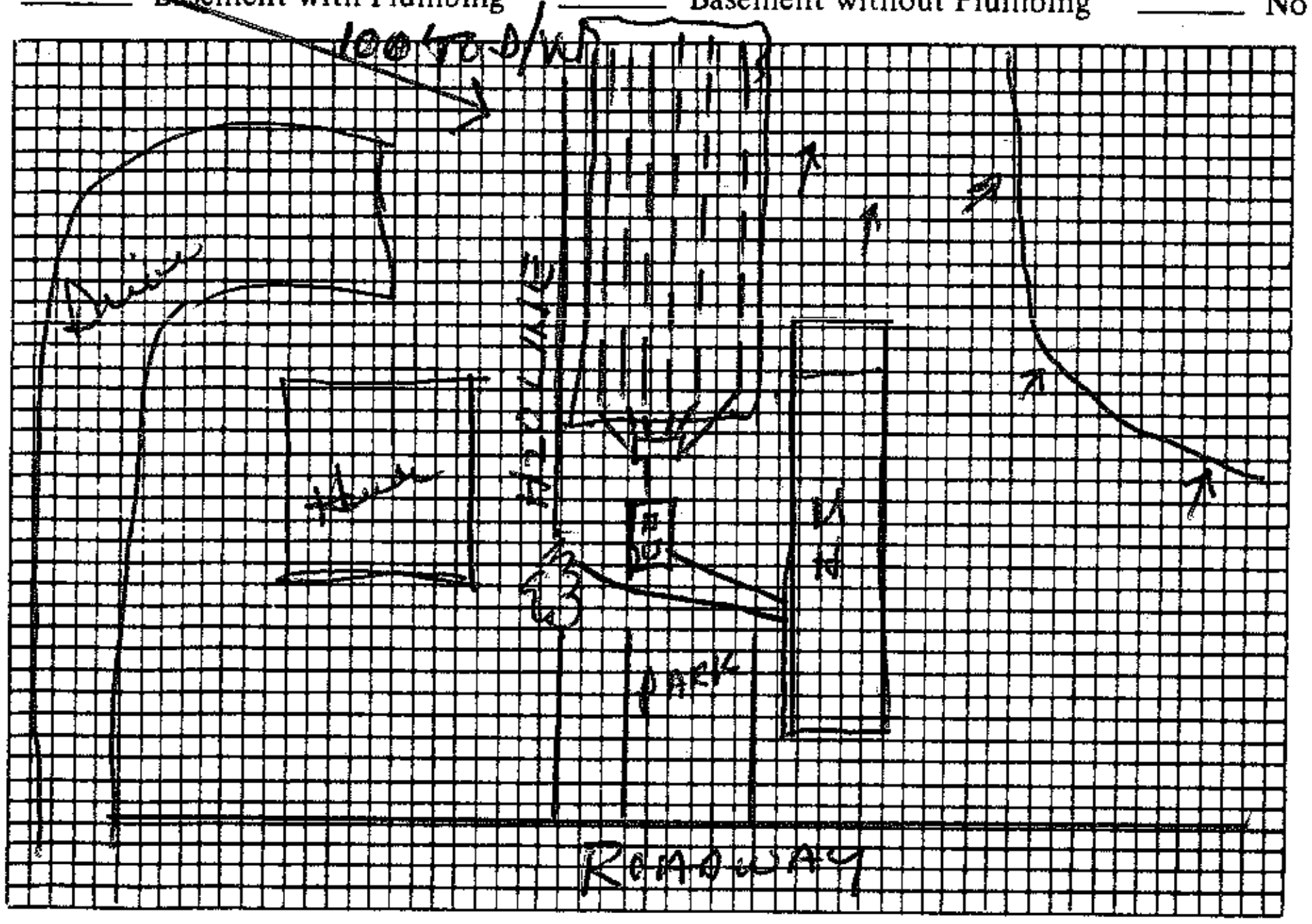
SUBDIVISION NAME J&J Mobile Home Park LOT NO. D SECTION OR BLOCK NO. ______

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

No. Bedrooms 3 No. Bathrooms ______
Garbage Disposal Unit Yes ( ) No ( )
Auto. Dishwasher Yes ( ) No ( )
Auto. Wash. Machine Yes ( ) No ( )
Site Suitable Yes ( ) No ( )
Lot Area ______

Character & Porosity of Soil Clay
Percolation Rate .4
Topography rolling 3-5%
Depth to Water Table >48"
Rock or other impervious formations None found

____ Basement with Plumbing ____ Basement without Plumbing ____ No Basement



Plot of System

Size of Tank 1000 Gals.
Nitrification Field: 61' x 15' Bed
No. of Lines 6 @ 60'
Sq. Ft. 900 Linear Ft. 360'
Depth of Stone in Lines ______
Water Supply: Individual (✓)
Public ( )

Installed by Johnson

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

Signed: ______

IMPROVEMENTS PERMIT BY ______

COMMENTS: Water line to be placed on seperate shelf, minimum of 15" above highest level of gravel in bed area. All extra soil cover is to be placed over the far end of drainfield; need minimum of 6" cover over entire drainfield area.

CERTIFICATE OF COMPLETION BY Wesley Sparks RS. DATE 5/3/91

EXISTING SYSTEM CHECKED BY: ______ DATE ______

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

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

OWNER OR CONTRACTOR J+J Mobile Home Park DATE 4/25/91 PERMIT NO. ——

PHONE: Business 896-0040 Home

LOCATION Eastport off 115 S to (L) Turn behind house on R

S. R. No.

SUBDIVISION NAME J J Mobile Home Park LOT NO. D SECTION OR BLOCK NO. ——

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

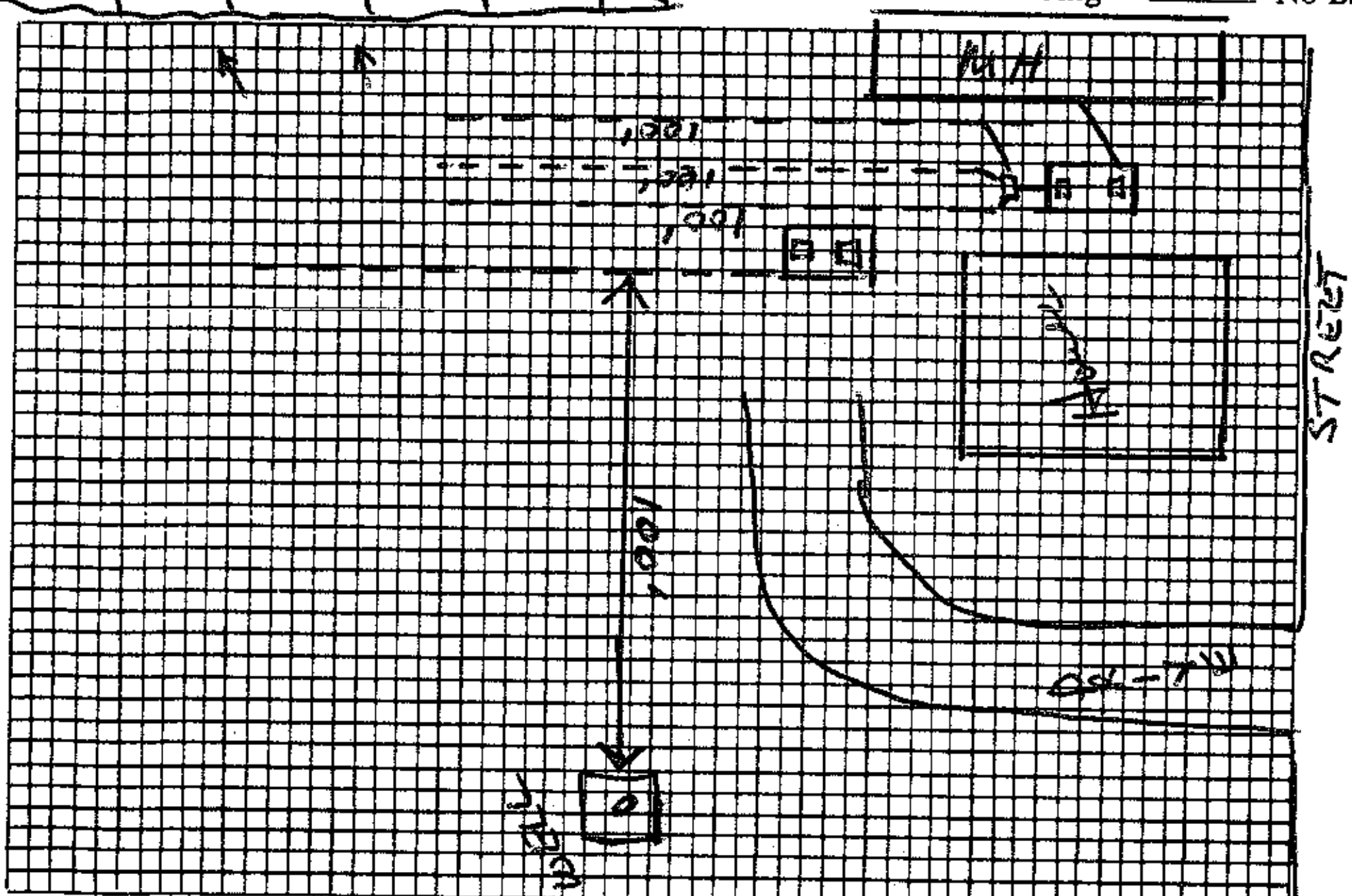
No. Bedrooms 3 No. Bathrooms

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

Character & Porosity of Soil Clay
Percolation Rate .4
Topography Rolling 3%
Depth to Water Table > 48"
Rock or other impervious formations None

Lot Area

~~Basement with Plumbing~~ Basement without Plumbing No Basement



Plot of System

Size of Tank 1000 Gals.

Nitrification Field:
No. of Lines 3 @ 100'
Sq. Ft. 900 Linear Ft. 300
Depth of Stone in Lines 12"

Water Supply: Individual ( ) Public (✓) PARK SYSTEM

Installed by

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

Signed:

IMPROVEMENTS PERMIT BY Wesley Sparks R.S.

COMMENTS: Step downs to be used – constructed of 2' of undisturbed soil for each step down.

CERTIFICATE OF COMPLETION BY DATE

EXISTING SYSTEM CHECKED BY: DATE

CONSTRUCTION MUST COMPLY WITH ALL OTHER APPLICABLE STATE AND LOCAL REGULATIONS.

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Health Dept. Copy: White Inspection Dept. Copy: Yellow Sanitarian's Copy: Pink Owner's Copy: Gold

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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 9-16-81 PERMIT NO. 290

PHONE: Business _____ Home _____

LOCATION 115 S. on Left before Mt. Ulla

S. R. No. _____

SUBDIVISION NAME Eastport M.H. Park LOT NO. D & Home SECTION OR BLOCK NO. _____

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

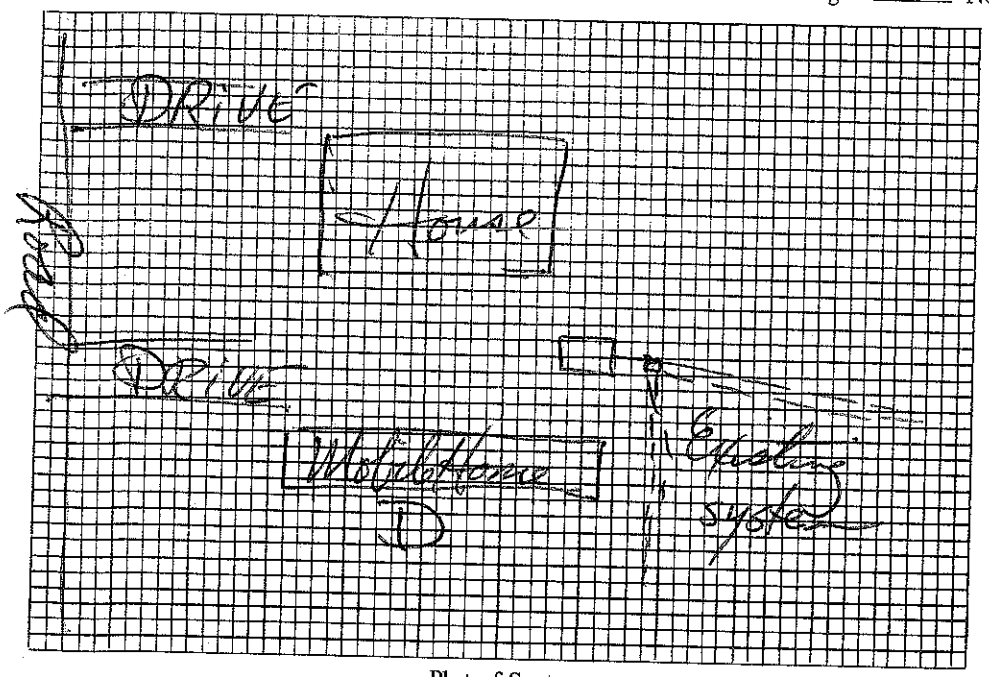
No. Bedrooms 2 No. Bathrooms 4

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

Character & Porosity of Soil _____
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 Gals.
Nitrification Field:
No. of Lines Existing
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: Existing system was working OK at time of inspection.

CERTIFICATE OF COMPLETION BY _____ DATE _____

EXISTING SYSTEM CHECKED BY: David Hinson DATE 9-16-81

CONSTRUCTION MUST COMPLY WITH ALL OTHER APPLICABLE STATE AND LOCAL REGULATIONS.

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Health Dept. Copy: White Inspection Dept. Copy: Yellow Sanitarian's Copy: Pink Owner's Copy: Gold