4655-14-6089
2

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 2-21-80 PERMIT NO. 27

PHONE: Business _____ Home _____

LOCATION 1155 TL on 1223

_____ S. R. No. _____

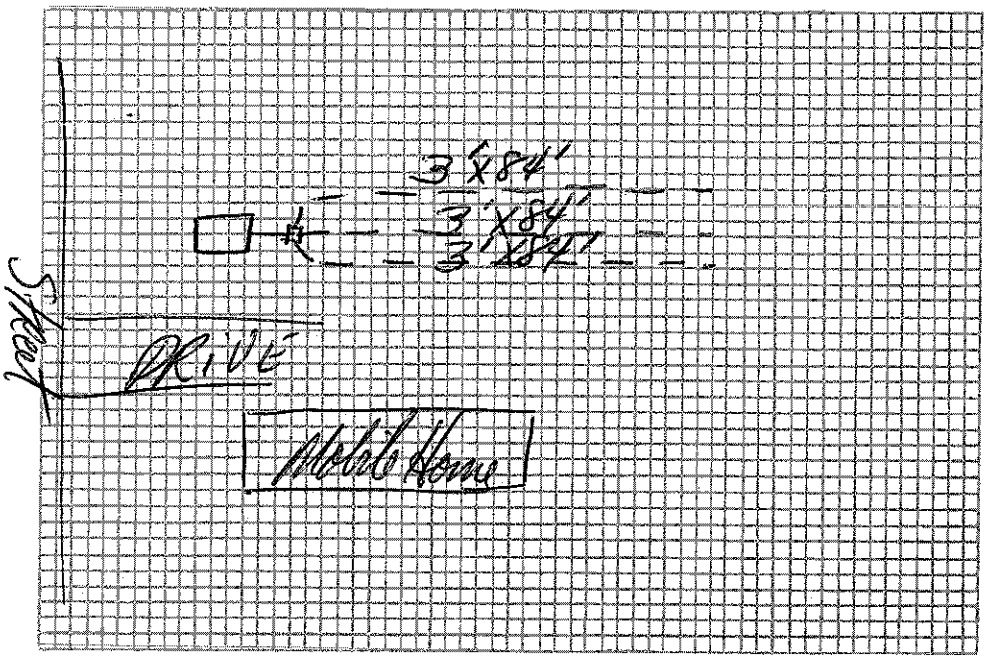
SUBDIVISION NAME Eastport M. H. Park LOT NO. 1C SECTION OR BLOCK NO. _____

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 ( )
Lot Area 15000 ft²

Character & Porosity of Soil clay loam
Percolation Rate Prompt
Topography 0-5%
Depth to Water Table unk.
Rock or other impervious formations none obs.



Plot of System

Size of Tank 1000 Gals.
Nitrification Field:
No. of Lines 3
Sq. Ft. 750 Linear Ft. 250
Depth of Stone in Lines 10"
Water Supply: Individual ( )
Public (✓)
Community Well
Installed by J. D. Ervin

IMPROVEMENTS PERMIT BY ORH

COMMENTS: _____

CERTIFICATE OF COMPLETION BY David R. Hinson DATE 2-21-80

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