4655-14-3271

6157.117 (3

6219.116 (4

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 East Port mobile Home Park DATE 10-28-75 PERMIT NO. 235

PHONE: Business 892-1733 Home _____

LOCATION N.C. 115 South

S. R. No. _____

SUBDIVISION NAME mobile Home Park LOT NO. behind 3A+4A SECTION OR BLOCK NO. _____

House ( ) Mobile Home ( ) Business ( ) Other 2 mobile Homes

No. Bedrooms _____ No. Bathrooms _____

Garbage Disposal Unit Yes ( ) No ( )

Auto. Dishwasher Yes ( ) No ( )

Auto. Wash. Machine Yes ( ) No ( )

Site Suitable Yes ( ) No ( )

Lot Area acreage

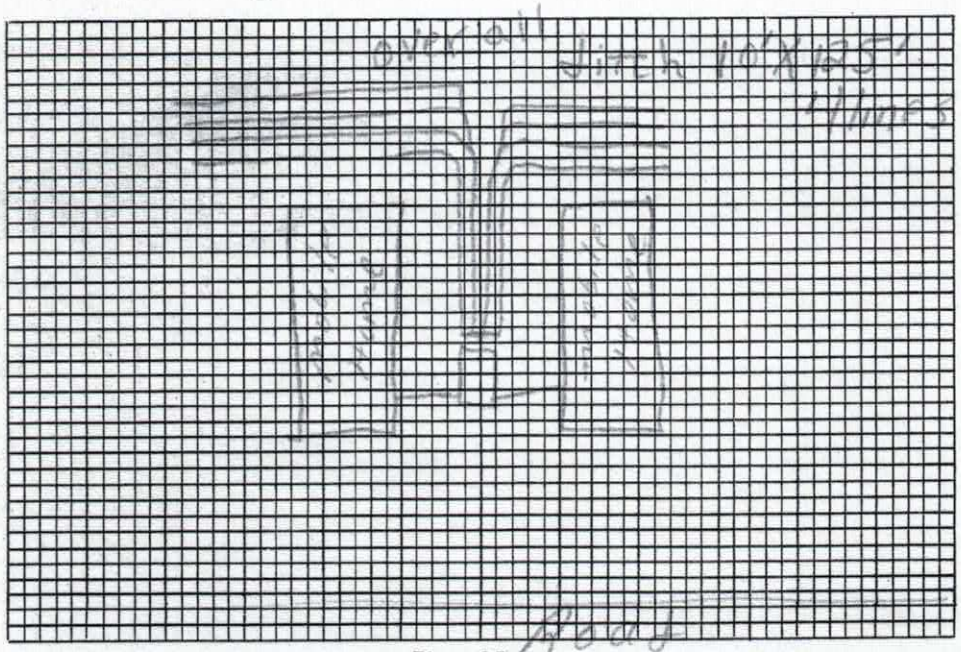
Character & Porosity of Soil Fine Clay loam Porosity Fair

Percolation Rate Soil boring's

Topography 2% slope

Depth to Water Table 10'+

Rock or other impervious formations none



Plot of System

Size of Tank 1500 Gals.

Nitrification Field:

No. of Lines 4

Sq. Ft. 1250 Linear Ft. 500

Depth of Stone in Lines 10"

Water Supply: Individual ( )

Public (✓)

Installed by Harlee Lackey

IMPROVEMENTS PERMIT BY L. C. Moore

COMMENTS: _____

CERTIFICATE OF COMPLETION BY L. C. Moore DATE 10-28-75

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