IREDELL COUNTY HEALTH DEPARTMENT

4655-14-6141

6157.117.3c
.119

(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 8-20-80 PERMIT NO. 257

PHONE: Business _____ Home _____

LOCATION 1155. TR 1223 TR 1224 1st Rt. 200yds on Rt. _____ S. R. No. _____

SUBDIVISION NAME Eastport M.H. Park LOT NO. 3C SECTION OR BLOCK NO. _____

117 Soule Ln

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 15,000 ft²

Character & Porosity of Soil clay loam

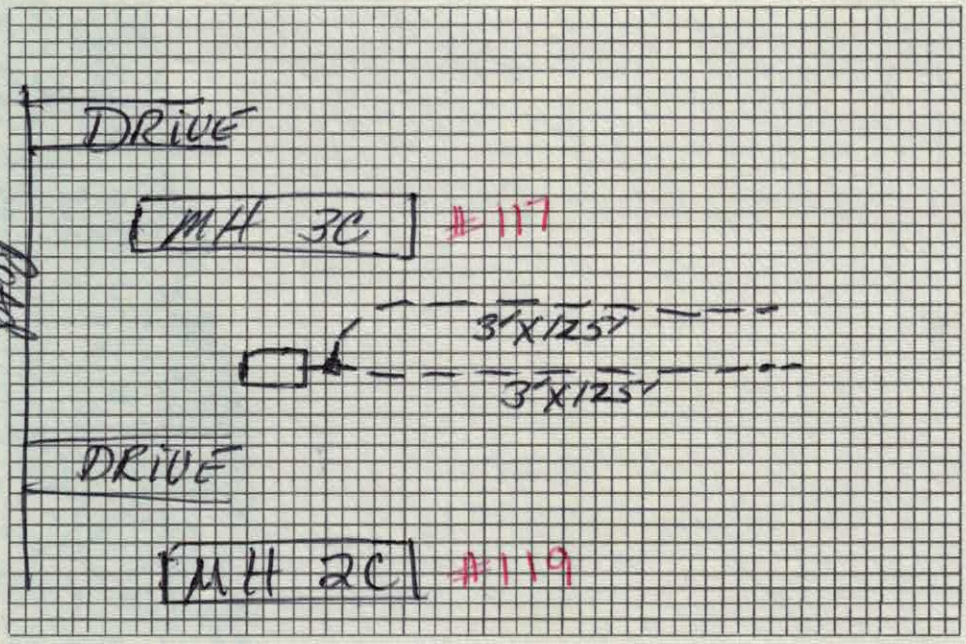
Percolation Rate 50 mpi

Topography 0-2%

Depth to Water Table unk.

Rock or other impervious formations none obs.

_____ Basement with Plumbing _____ Basement without Plumbing ✓ No Basement



Plot of System

Size of Tank 1000 Gals.

Nitrification Field:

No. of Lines 2

Sq. Ft. 750 Linear Ft. 250

Depth of Stone in Lines 10"

Water Supply: Individual ( )

Public (✓)

Community Well

Installed by F.J. Ervin

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

Signed: _____

IMPROVEMENTS PERMIT BY FHC

COMMENTS: _____

CERTIFICATE OF COMPLETION BY David R. Hinson DATE 8-20-80

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