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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 East Port Mobile Home DATE 10-27-75 PERMIT NO. 232

PHONE: Business 872-1733 Home _____

LOCATION NC 115 South

_____ S. R. No. _____

SUBDIVISION NAME Mobile Home Park (Sprint) LOT NO. 5+6A SECTION OR BLOCK NO. _____

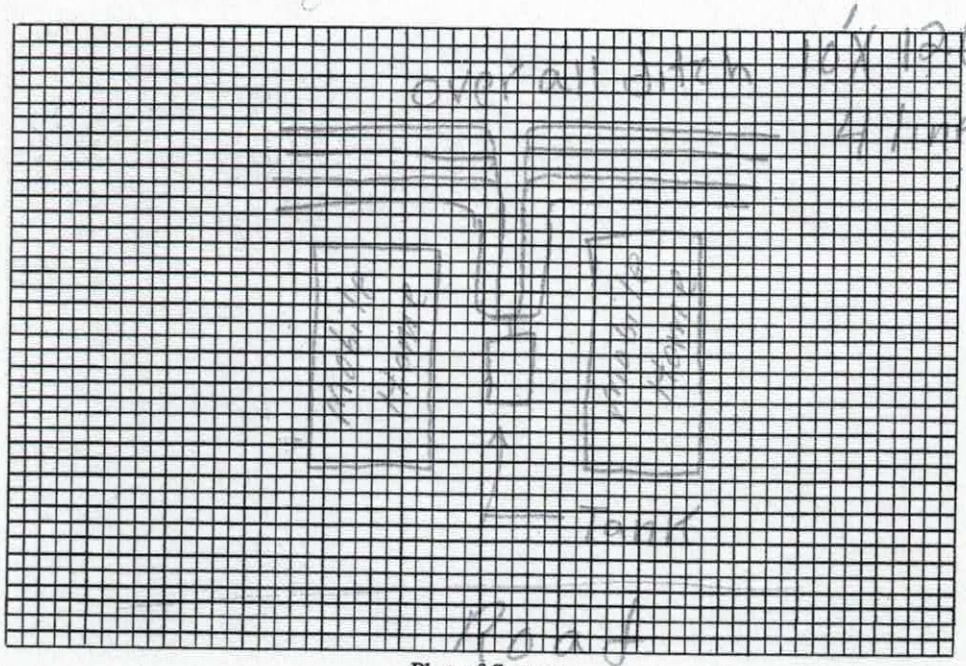
House ( ) Mobile Home ( ) Business ( ) Other 2 mobiles

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 clay loam Porosity Fa
Percolation Rate Soil borings
Topography 2% to 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 J. C. Moore

COMMENTS: _____

CERTIFICATE OF COMPLETION BY J. C. Moore DATE 10-27-75

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