4655-14-2307

6593.106-7

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 5-1-86 PERMIT NO. 231

PHONE: Business _____ Home _____

LOCATION 1135 Eastport Mobile Home Park

_____ S. R. No. _____

SUBDIVISION NAME East Port Mobile Home Park LOT NO. 7 SECTION OR BLOCK NO. _____

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

No. Bedrooms _____ 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 _____

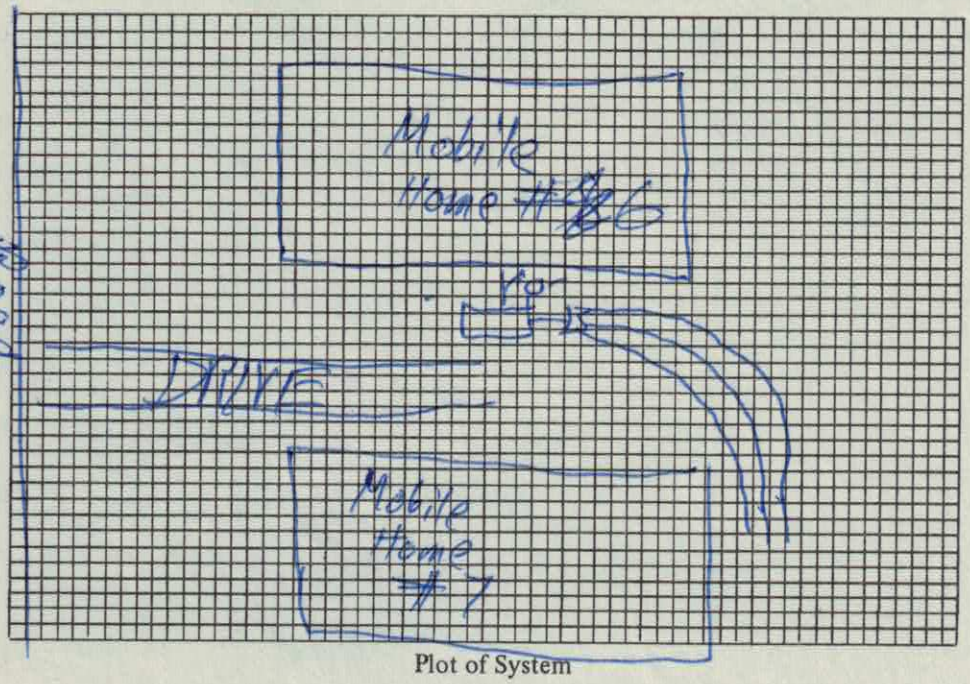
Percolation Rate _____

Topography _____

Depth to Water Table Existing

Rock or other impervious formations _____

_____ Basement with Plumbing _____ Basement without Plumbing _____ No Basement



Plot of System

Size of Tank 1 Gals.

Nitrification Field:

No. of Lines 4

Sq. Ft. 450 Linear Ft. 150

Depth of Stone in Lines Existing

Water Supply: Individual ( )

Public (✓)

Community well

Installed by _____

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

Signed: _____

IMPROVEMENTS PERMIT BY _____

COMMENTS: existing working OK at date of inspection

CERTIFICATE OF COMPLETION BY _____ DATE _____

EXISTING SYSTEM CHECKED BY: Charles K. Bennett DATE 5-1-86

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