4655-14-3491.105-8

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 Part mobile Home DATE 10-27-95 PERMIT NO. 231

PHONE: Business 292-1733 Home _____

LOCATION N.C. 115 South

S. R. No. _____

SUBDIVISION NAME mobile Home Park LOT NO. behind 7A+8A 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

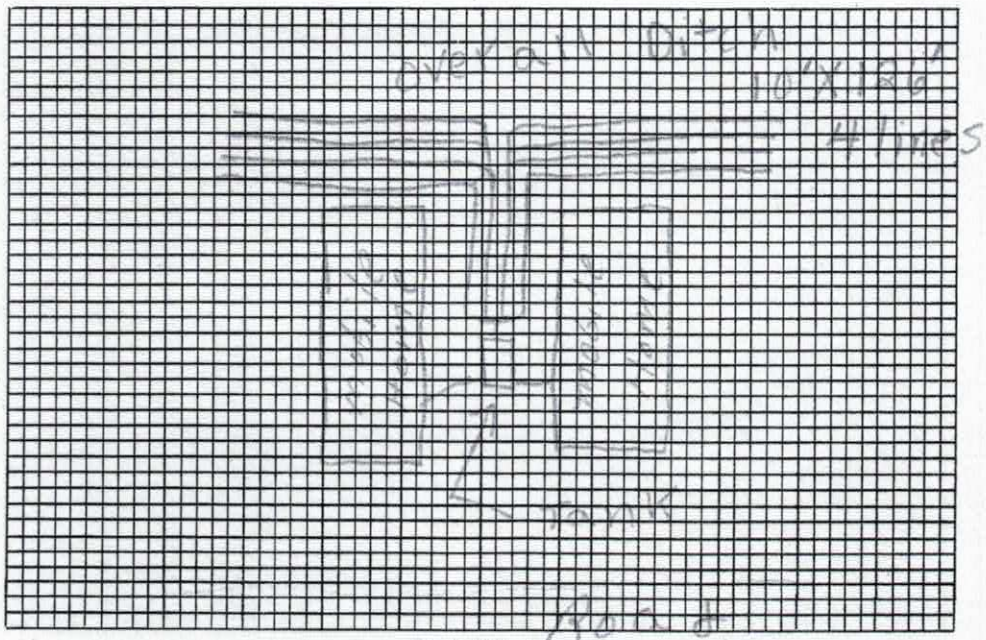
Character & Porosity of Soil Clay loam (Porosity Fair

Percolation Rate Soil borings

Topography 2-3% 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 Zackery

IMPROVEMENTS PERMIT BY J. C. Moore

COMMENTS: _____

CERTIFICATE OF COMPLETION BY J. C. Moore DATE 10-27-95

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