4655-14-4358

Repair

IREDELL COUNTY HEALTH DEPARTMENT

IMPROVEMENT PERMIT AND CERTIFICATE OF COMPLETION / OPERATIONS PERMIT

OWNER OR CONTRACTOR J+J MH Park DATE 3/3/92 PERMIT NO. ———

PHONE: Business _____ Home _____

LOCATION Eastpoint Ln, TL go below office to spot on (L) before intersection

S.R. No. _____

SUBDIVISION NAME J+J MH Park LOT NO. 8B SECTION OR BLOCK NO. _____

House ☐ Mobile Home ☑ Business ☐ Other Repair

No. Bedrooms 3 No. Bathrooms 2

Garbage Disposal Unit Yes ☐ No ☑

Auto. Dishwasher Yes ☑ No ☐

Auto. Wash. Machine, Yes ☑ No ☐

Lot Area Existing

Soil Characteristics C - SS

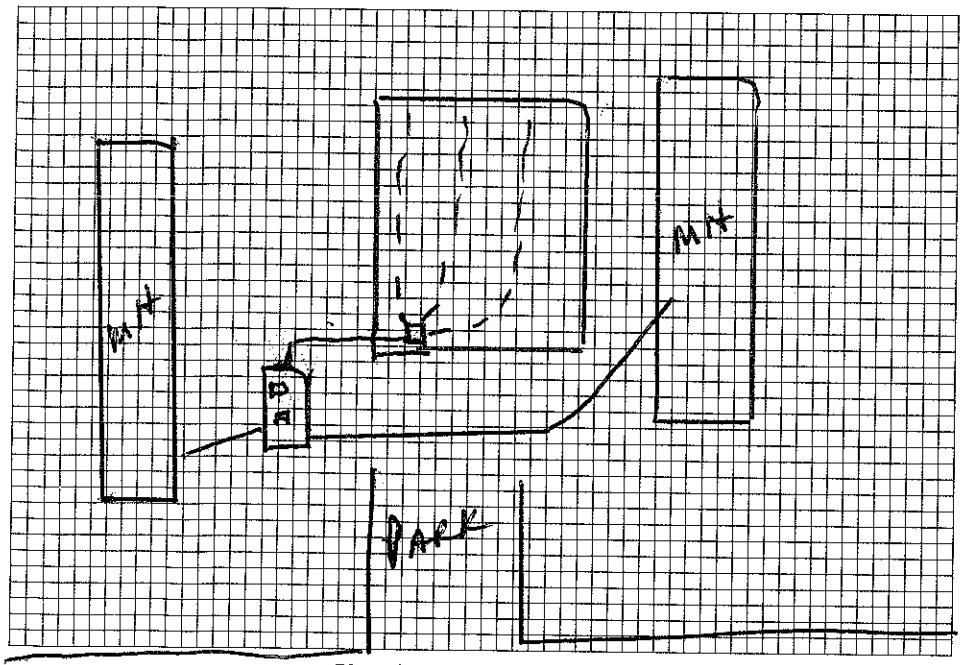
Application Rate .35

Topography 5

Depth to Water Table 5

Rock or other impervious formations 5

_____ Basement with Plumbing _____ Basement without Plumbing _____ No Basement ✓ Crawl Space



Plot of System (Not to Scale)

STREET

Size of Tank Existing Gals.

Nitrification Field:

No. of Lines 4 @ 44' x 18'

Sq. Ft. 792 Linear Ft. 130'

Depth of Stone in Lines 14"

Water Supply: Individual ☐ Public ☑ comm system

Installed by Fred Johnson

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

Signed: _____

(IMPROVEMENT PERMIT IS VALID FOR 60 MONTHS FROM DATE OF ISSUE.)

IMPROVEMENT PERMIT BY _____

COMMENTS _____

CERTIFICATE OF COMPLETION BY Wesley Sparks RS. DATE 3/3/92

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 unapproved changes are made to the site, and/or if any false information is supplied toward securing Improvement Permit.

Health Dept. Copy: White Inspection Dept. Copy: Yellow Sanitarian's Copy: Pink Owner's Copy: Gold

4655-14-4358

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. Hothouser DATE 3-5-82 PERMIT NO. 36

PHONE: Business _____ Home _____

LOCATION 1155

_____ S. R. No. _____

SUBDIVISION NAME East Port Mobile Home LOT NO. 7B+8B SECTION OR BLOCK NO. _____

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

No. Bedrooms 6 No. Bathrooms 2

Garbage Disposal Unit Yes ( ) No (X)

Auto. Dishwasher Yes (X) No ( )

Auto. Wash. Machine Yes (X) No ( )

Site Suitable Yes (X) No ( )

Lot Area Existing

Character & Porosity of Soil _____

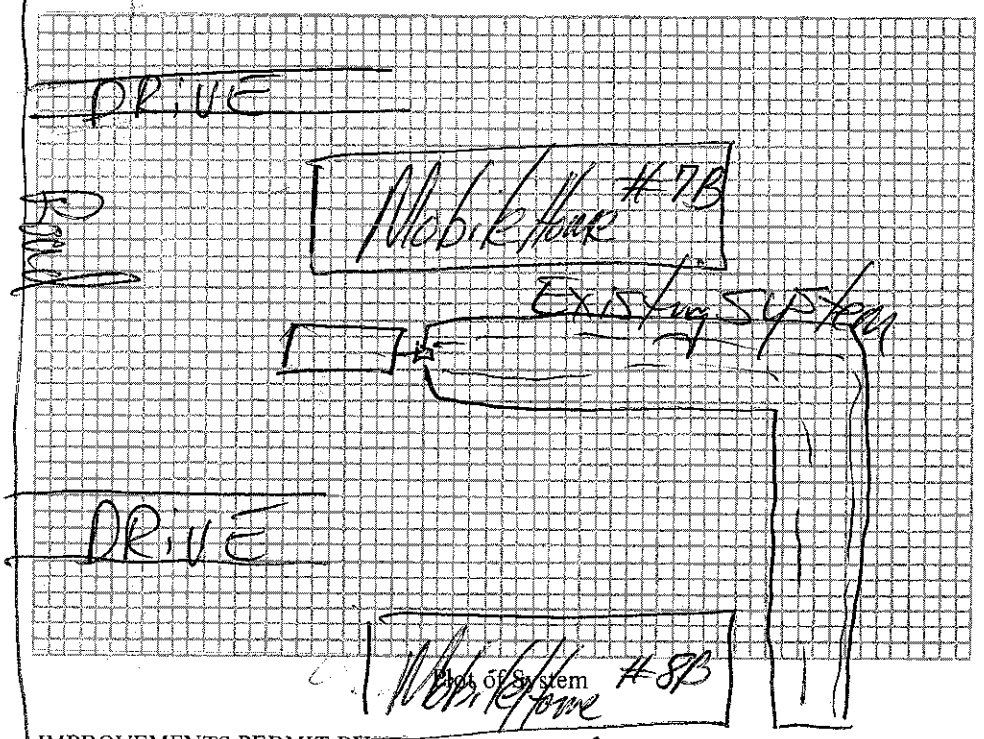
Percolation Rate _____

Topography Existing System

Depth to Water Table _____

Rock or other impervious formations _____

_____ Basement with Plumbing _____ Basement without Plumbing _____ No Basement



Block of System

Size of Tank Existing Gals.

Nitrification Field:

No. of Lines _____

Sq. Ft. _____ Linear Ft. _____

Depth of Stone in Lines _____

Water Supply: Individual ( )

Public (X)

Installed by _____

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

Signed: _____

IMPROVEMENTS PERMIT BY _____

COMMENTS: Existing System Working ok at date of inspection

CERTIFICATE OF COMPLETION BY Fred Hammer DATE 3-5-82

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

Blanket P.D.

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 Linda Holthouser DATE 4-21-88 PERMIT NO. _____

PHONE: Business _____ Home _____

LOCATION 115 S. on left behind Bootleg Restaurant

_____ S. R. No. _____

SUBDIVISION NAME Eastport M.H. Park LOT NO. 8B SECTION OR BLOCK NO. _____

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

No. Bedrooms _____ No. Bathrooms _____

Garbage Disposal Unit Yes ( ) No ( )

Auto. Dishwasher Yes ( ) No ( )

Auto. Wash. Machine Yes ( ) No ( )

Site Suitable Yes ( ) No ( )

Character & Porosity of Soil _____

Percolation Rate _____

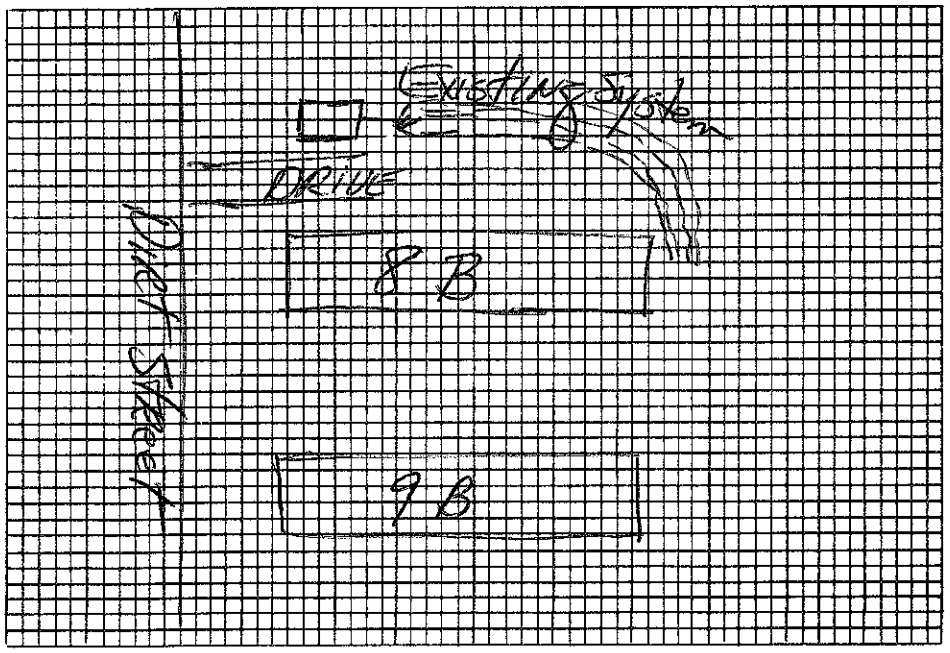
Topography _____

Depth to Water Table _____

Rock or other impervious formations _____

Lot Area Existing

_____ Basement with Plumbing _____ Basement without Plumbing — No Basement



Plot of System

Size of Tank Existing Gals.

Nitrification Field:

No. of Lines Existing

Sq. Ft. _____ Linear Ft. _____

Depth of Stone in Lines _____

Water Supply: Individual ( )

Public (✓)

Com. Well

Installed by _____

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

Signed: _____

IMPROVEMENTS PERMIT BY _____

COMMENTS: Existing system showing no sign of malfunction at time of inspection.

CERTIFICATE OF COMPLETION BY _____ DATE _____

EXISTING SYSTEM CHECKED BY D.R. Jenson, RS DATE 4-21-88

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

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 9-15-80 PERMIT NO. 289

PHONE: Business _____ Home _____

LOCATION 1155 TL 1223 TL 1224 on left

S. R. No. _____

SUBDIVISION NAME East Poet MH Park LOT NO. 8B + 7B SECTION OR BLOCK NO. _____

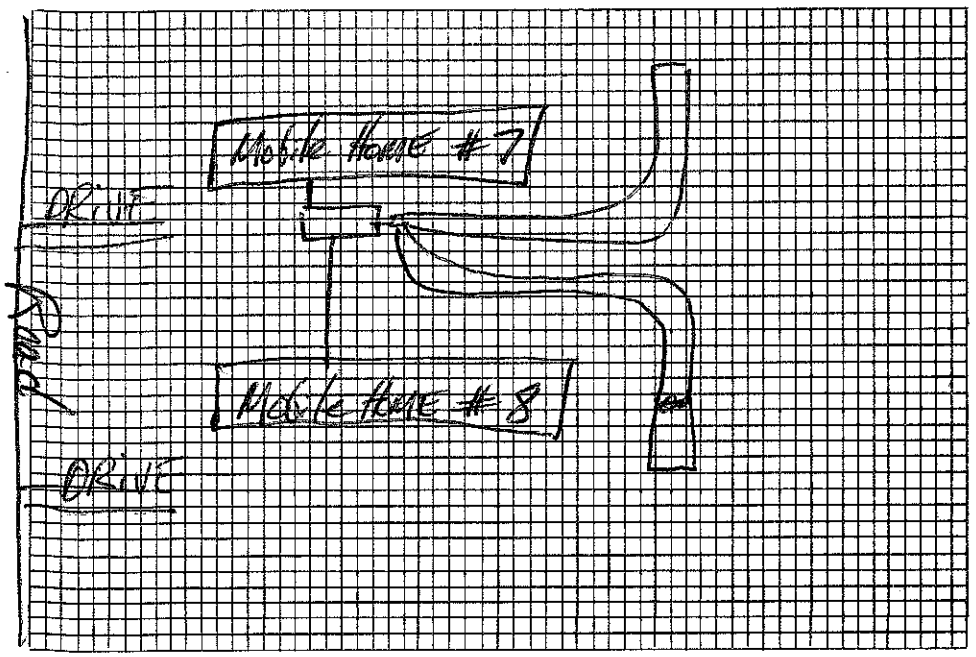
House ( ) Mobile Home (X) Business ( ) Other _____

No. Bedrooms 4 No. Bathrooms 2

Garbage Disposal Unit	Yes ( )	No (X)	Character & Porosity of Soil		
Auto. Dishwasher	Yes (X)	No ( )	Percolation Rate		
Auto. Wash. Machine	Yes (X)	No ( )	Topography	Existing System	
Site Suitable	Yes (X)	No ( )	Depth to Water Table		
			Rock or other impervious formations		

Lot Area Existing

_____ Basement with Plumbing _____ Basement without Plumbing X No Basement



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 (X)

Installed by Harlee Lockey

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

Signed: _____

IMPROVEMENTS PERMIT BY A.C. Moore 10-27-75

COMMENTS: Existing System working ok At date of inspection

CERTIFICATE OF COMPLETION BY _____ DATE _____

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

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 5-21-80 PERMIT NO. 141

PHONE: Business _____ Home _____

LOCATION 1155 TL 1223 TL 1224 on left

SUBDIVISION NAME East Port Mobile Home Park LOT NO. 8B S. R. No. _____ SECTION OR BLOCK NO. _____

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

No. Bedrooms 3 No. Bathrooms 2

Garbage Disposal Unit	Yes ( )	No (X)	Character & Porosity of Soil	Clay loam
Auto. Dishwasher	Yes ( )	No (X)	Percolation Rate	Good
Auto. Wash. Machine	Yes (X)	No ( )	Topography	20%
Site Suitable	Yes (X)	No ( )	Depth to Water Table	10ft +
			Rock or other impervious formations	unknown

Lot Area Existing

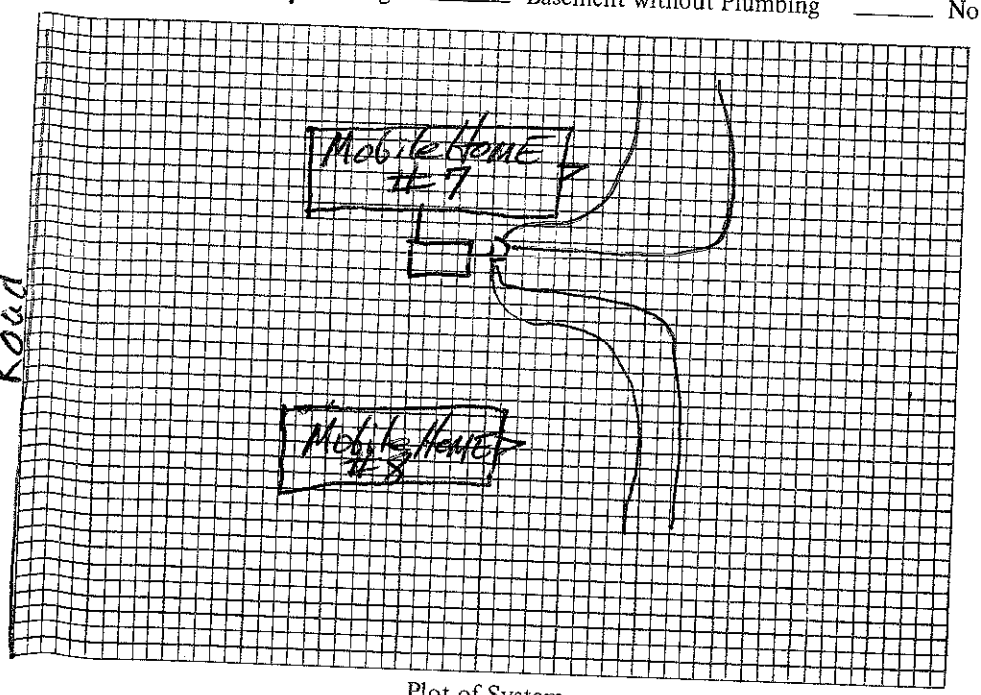
_____ Basement with Plumbing _____ Basement without Plumbing _____ No Basement

Existing Tank

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 (X)



Plot of System

Installed by Harlee Lackey

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

Signed: _____

IMPROVEMENTS PERMIT BY J.C. Moore 10-27-75

COMMENTS: Existing system working OK at date of inspection
Move Building off ~~line~~ existing line

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

EXISTING SYSTEM CHECKED BY: Fred Clemmer DATE 5-21-80

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

Blanket Property Description

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 Dec. 7 88 PERMIT NO. 21-D

PHONE: Business _____ Home _____

LOCATION 115 S. IL at Battery & Beanery Restaurant 2nd Street to Rt 3rd MH on Rt. S. R. No. _____

SUBDIVISION NAME Eastport M.H. Park LOT NO. 8-B SECTION OR BLOCK NO. _____

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

No. Bedrooms _____ No. Bathrooms _____

Garbage Disposal Unit	Yes ( )	No ( )	
Auto. Dishwasher	Yes ( )	No ( )	
Auto. Wash. Machine	Yes ( )	No ( )	
Site Suitable	Yes ( )	No ( )	

Character & Porosity of Soil _____

Percolation Rate _____

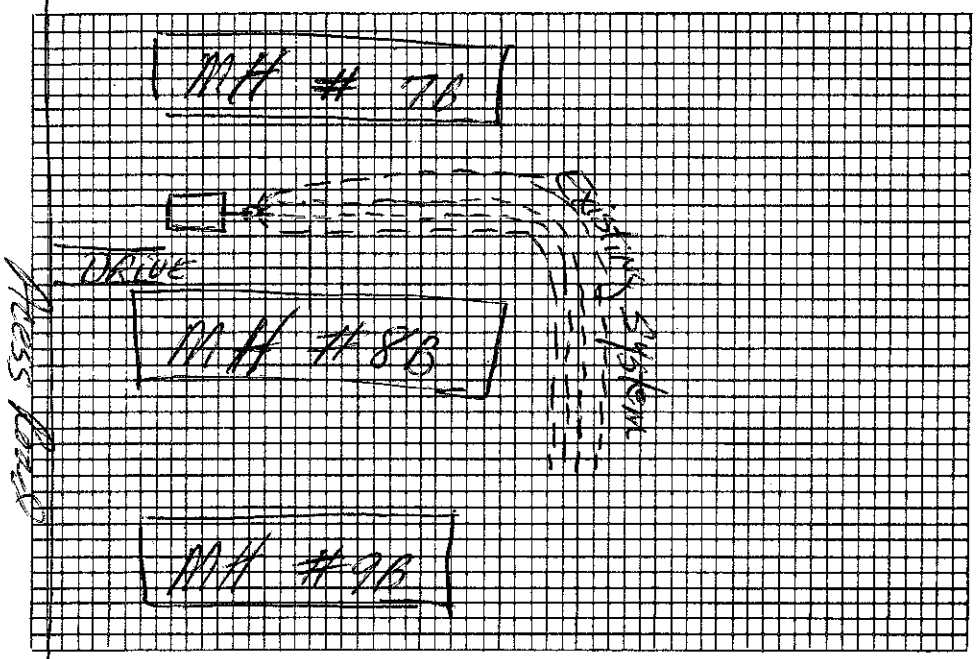
Topography _____

Depth to Water Table _____

Rock or other impervious formations _____

Lot Area Existing

_____ Basement with Plumbing _____ Basement without Plumbing ✓ No Basement



Plot of System

Size of Tank Existing Gals.

Nitrification Field:
No. of Lines Existing
Sq. Ft. _____ Linear Ft. _____
Depth of Stone in Lines _____

Water Supply: Individual ( )
COU Public (✓)

Installed by _____

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

Signed: _____

IMPROVEMENTS PERMIT BY _____

COMMENTS: Existing system showing no sign of malfunction at time of inspection

CERTIFICATE OF COMPLETION BY _____ DATE _____

EXISTING SYSTEM CHECKED BY: [signature], RS. DATE 12-7-88

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