Blanket P.D.
5309

4655-14-6349

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 Fred Johnson DATE Nov. 7, 89 PERMIT NO. _____

PHONE: Business _____ Home _____

LOCATION 115 S. on left Behind Bailey & Beaney Restaurant

S. R. No. _____

SUBDIVISION NAME Eastport MH Park LOT NO. C-6 SECTION OR BLOCK NO. _____

(1)

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~~ OS	Yes ( )	No ( )	

Lot Area Existing

Character & Porosity of Soil _____

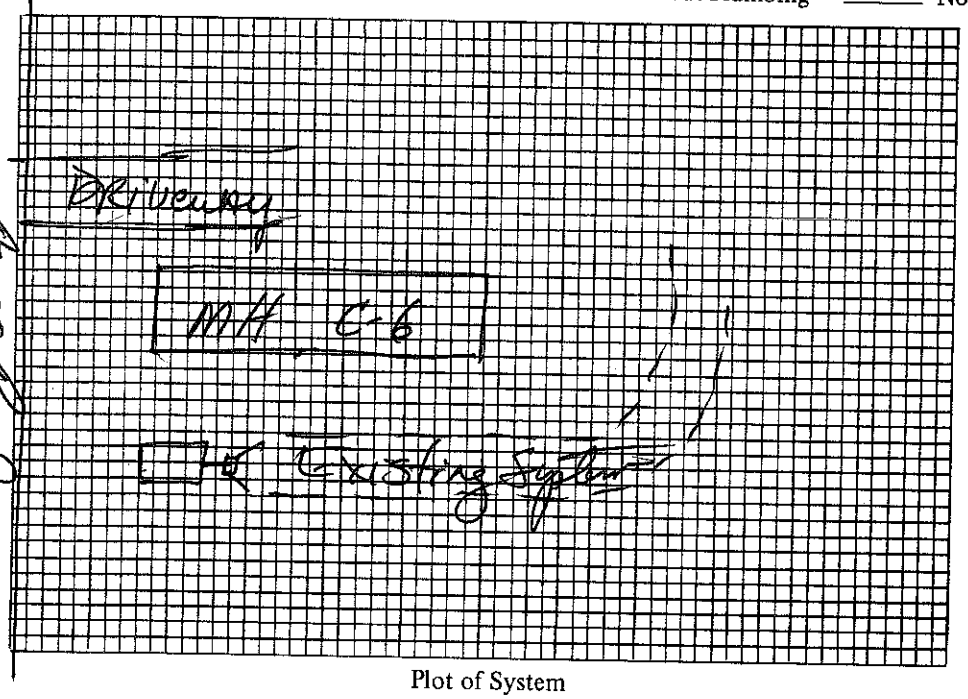
Percolation Rate _____

Topography _____

Depth to Water Table _____

Rock or other impervious formations _____

_____ 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 (✓) CW

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 signs of malfunction at time of inspection.

CERTIFICATE OF COMPLETION BY _____ DATE _____

EXISTING SYSTEM CHECKED BY: R. S. Johnson R.S. DATE 11-7-89

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

4655-14-6349

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 H. C. Holthouser DATE 10-3-80 PERMIT NO. 305

PHONE: Business _____ Home _____

LOCATION 155. TL 1223 TL 1224 15th Rt. ~1/4 mi. on Rt.

SUBDIVISION NAME Eastport M.H. Park LOT NO. 6C SECTION OR BLOCK NO. _____ S. R. No. _____

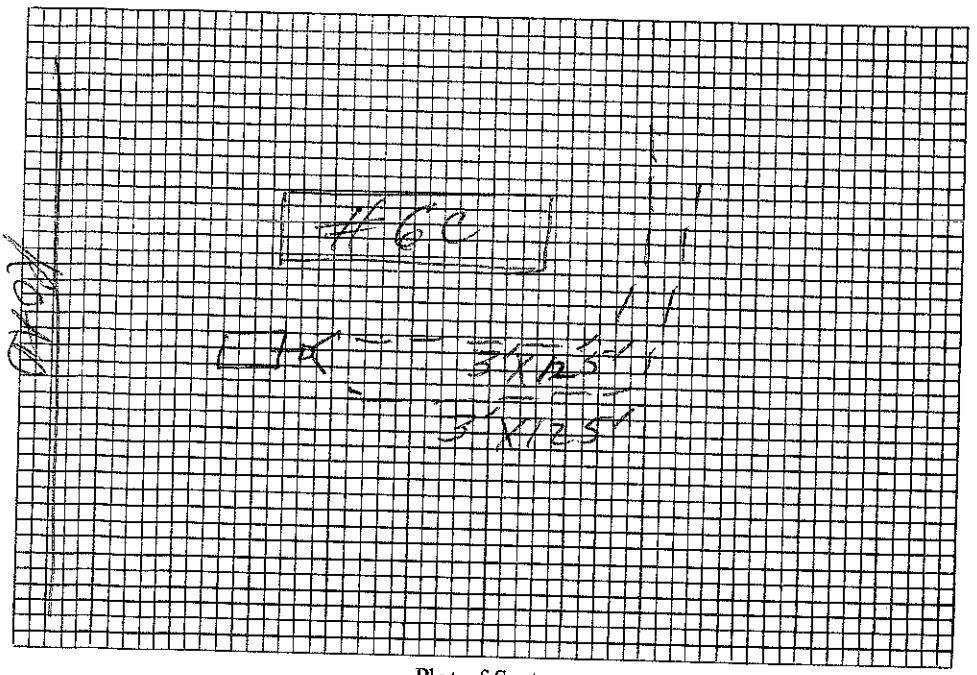
House ( ) Mobile Home (✓) Business ( ) Other _____

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 15,600 Ft²

Character & Porosity of Soil Sandy p.m.
Percolation Rate Slump / 1
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 (✓)

Installed by Ted Ervin

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

Signed: _____

IMPROVEMENTS PERMIT BY [signature]

COMMENTS: _____

CERTIFICATE OF COMPLETION BY David R. Hinson DATE 10-3-80

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