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

PHONE: Business 292-1733 Home _____

LOCATION N.C. 115 South

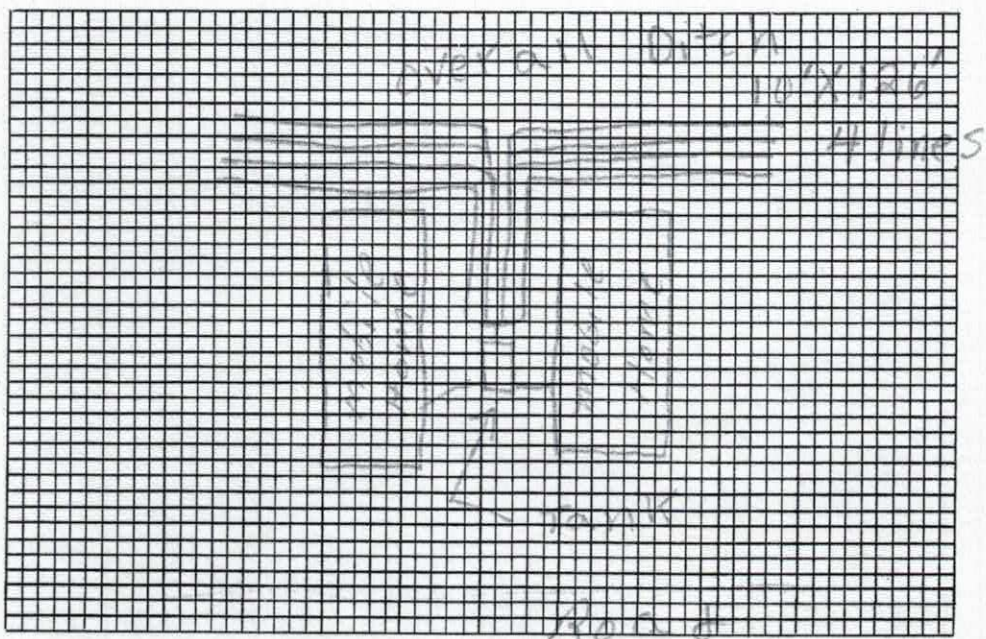
S. R. No. _____

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 2-20 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