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.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 Fred Johnson DATE Jan. 12, '90 PERMIT NO. _____

PHONE: Business _____ Home _____

LOCATION 115 S. TO Eastport Tr. TO Eastport Lane 1/4 mile on left S. R. No. _____

SUBDIVISION NAME J&J MH Park (former Eastport MH Park) LOT NO. 6 & 7 SECTION OR BLOCK NO. _____

2 (existing)

House ( ) Mobile Home (4) Business ( ) Other Repair

No. Bedrooms _____ No. Bathrooms _____

Garbage Disposal Unit Yes ( ) No ( )

Auto. Dishwasher Yes ( ) No ( )

Auto. Wash. Machine Yes ( ) No ( )

Site Suitable Yes ( ) No ( )

Lot Area Existing

Character & Porosity of Soil PS clay

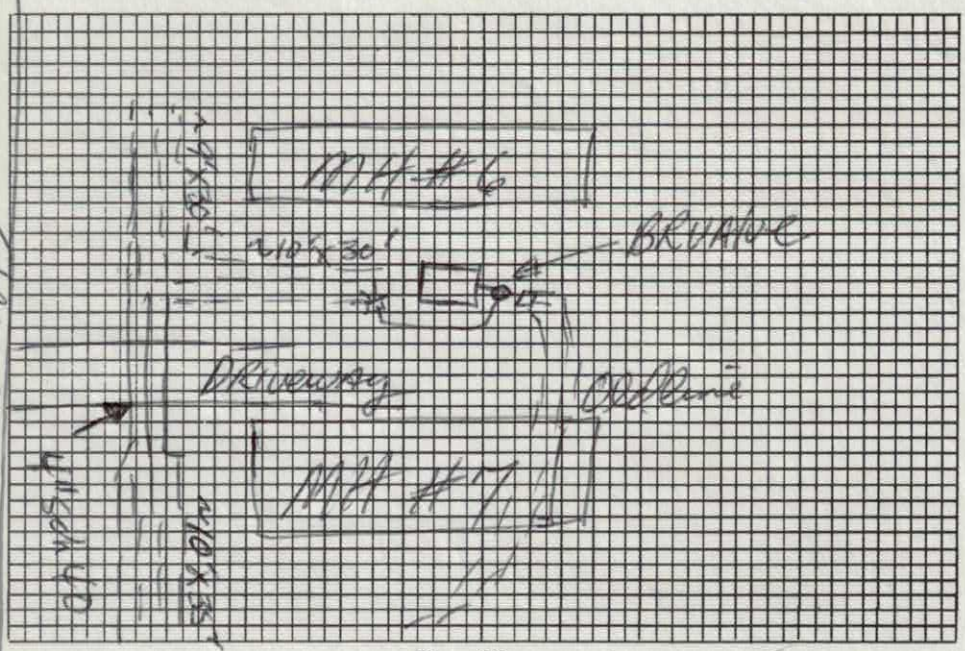
Percolation Rate 3-4 mpi

Topography ~6% slope

Depth to Water Table 6'+

Rock or other impervious formations none obs.

_____ Basement with Plumbing _____ Basement without Plumbing _____ No Basement



Plot of System

Size of Tank Existing Gals.

Nitrification Field:

No. of Lines 3-4 (bed)

Sq. Ft. ~~400~~ Linear Ft. ~320

Depth of Stone in Lines 12" +

Water Supply: Individual ( )

Public (+) CW

Installed by JD Ervin

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

Signed: _____

IMPROVEMENTS PERMIT BY _____

COMMENTS: Water line presently crossing sewage system to be sleeved in ~3" sch 40 pipe and maintained 18" above sewer line.

CERTIFICATE OF COMPLETION BY _____ DATE Jan 12, '90

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