4655-14-6593.108
.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. TL Eastport Tr. TL Eastport Lane 1/4 mile on left S. R. No. _____

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

2 (existing)

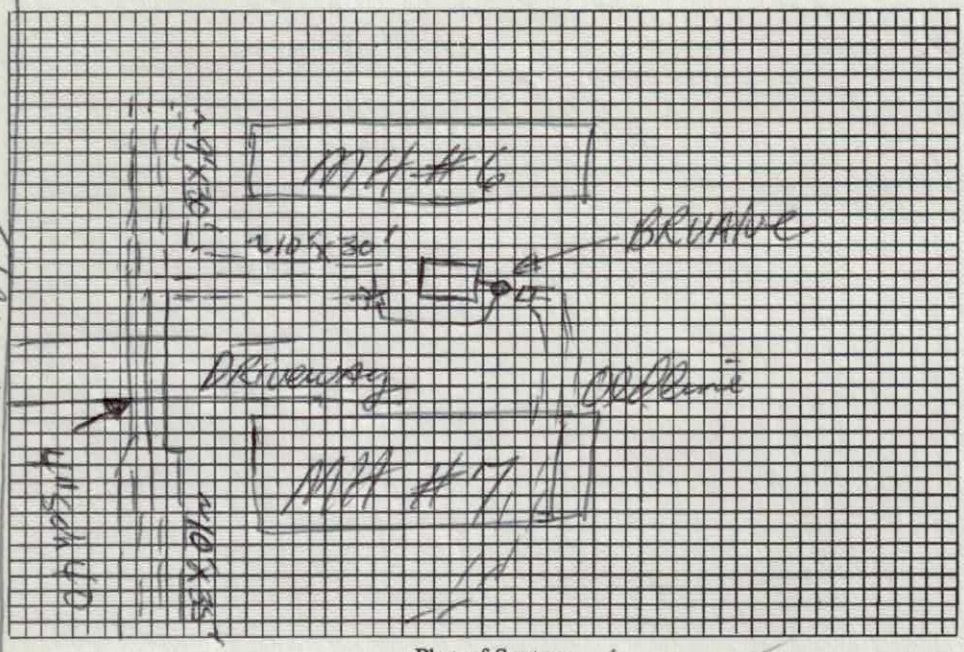
House ( ) Mobile Home (4) Business ( ) Other Repair

No. Bedrooms _____ No. Bathrooms _____

Garbage Disposal Unit	Yes ( )	No ( )	Character & Porosity of Soil	PS clay
Auto. Dishwasher	Yes ( )	No ( )	Percolation Rate	3-4
Auto. Wash. Machine	Yes ( )	No ( )	Topography	rolling
Site Suitable	Yes ( )	No ( )	Depth to Water Table	6'+
			Rock or other impervious formations	none obs.

Lot Area Existing

_____ 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 J. Erwin

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

Signed: _____

IMPROVEMENTS PERMIT BY DCH

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 D. Hutson, RS. 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