4655-14-5671

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 / J&J MH Park DATE May 15, '91 PERMIT NO. ____

PHONE: Business ____ Home ____

LOCATION 115 S. TL Eastport Lane TL into park

____ S. R. No. ____

SUBDIVISION NAME J&J M.H. Park LOT NO. 18 & 19 SECTION OR BLOCK NO. ____

House ( ) Mobile Home (✓) Business ( ) Other Repair Plumbing from lot 19 separated 1000 gal tank & 170' of line installed for it.

No. Bedrooms 2 No. Bathrooms 2

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

Character & Porosity of Soil ____

Percolation Rate ____

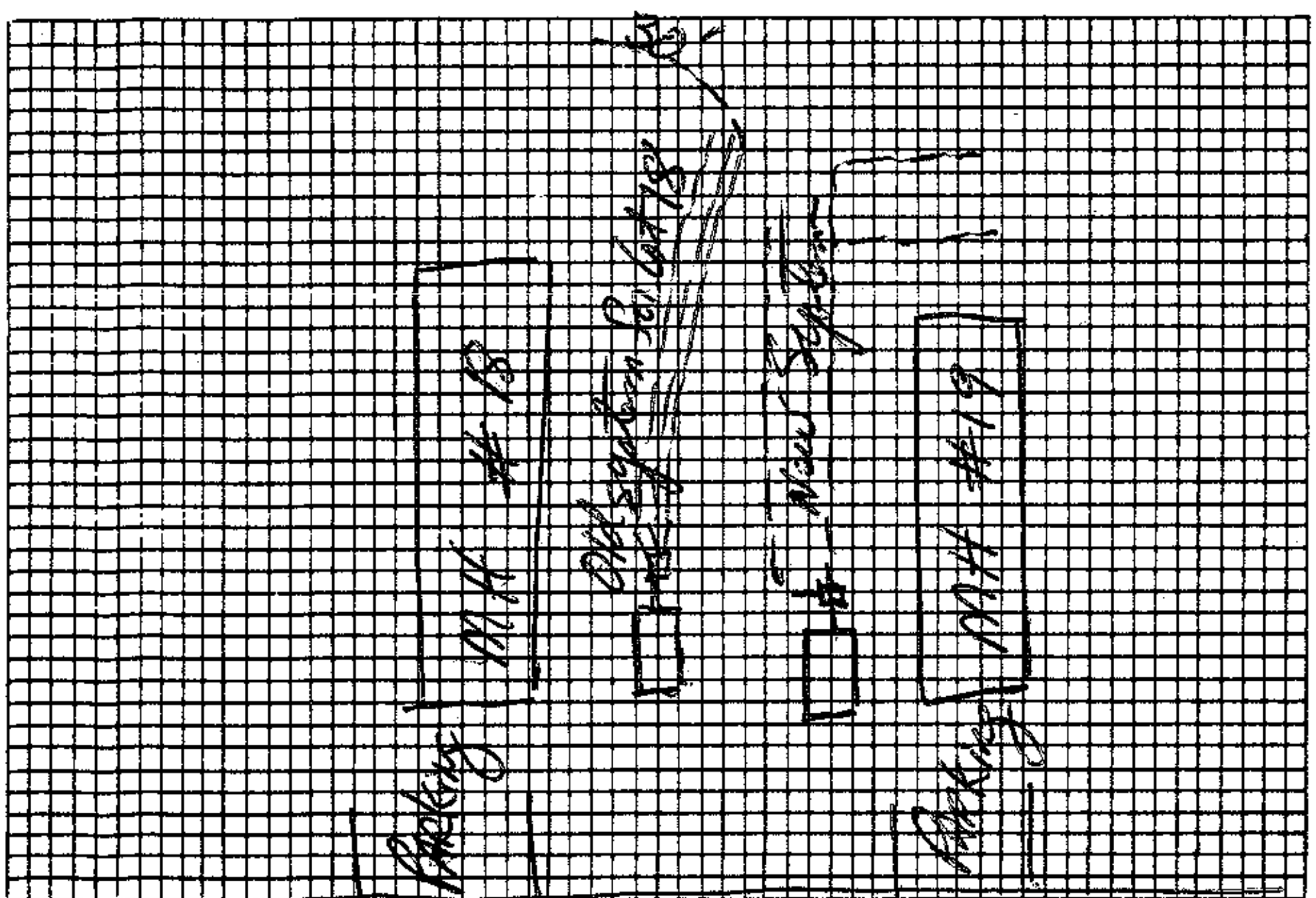
Topography ____

Depth to Water Table ____

Rock or other impervious formations ____

Lot Area Existing

____ Basement with Plumbing ____ Basement without Plumbing ✓ No Basement lot 19



Plot of System STREET

Size of Tank 1000 Gals.

Nitrification Field:

No. of Lines 2

Sq. Ft. 510 Linear Ft. 170

Depth of Stone in Lines 12"

Water Supply: Individual ( )

Public (✓) CWS

Installed by ____

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

Signed: ____

lot 18 - ~30' of line added to this system.

IMPROVEMENTS PERMIT BY ____

COMMENTS: ____

CERTIFICATE OF COMPLETION BY David R Hanson DATE May 15, '91

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 4655-14-5671

(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 3-5-82 PERMIT NO. 39

PHONE: Business _____ Home _____

LOCATION 1155

S. R. No. _____

SUBDIVISION NAME East Port MH Park LOT NO. 18+19 SECTION OR BLOCK NO. _____

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

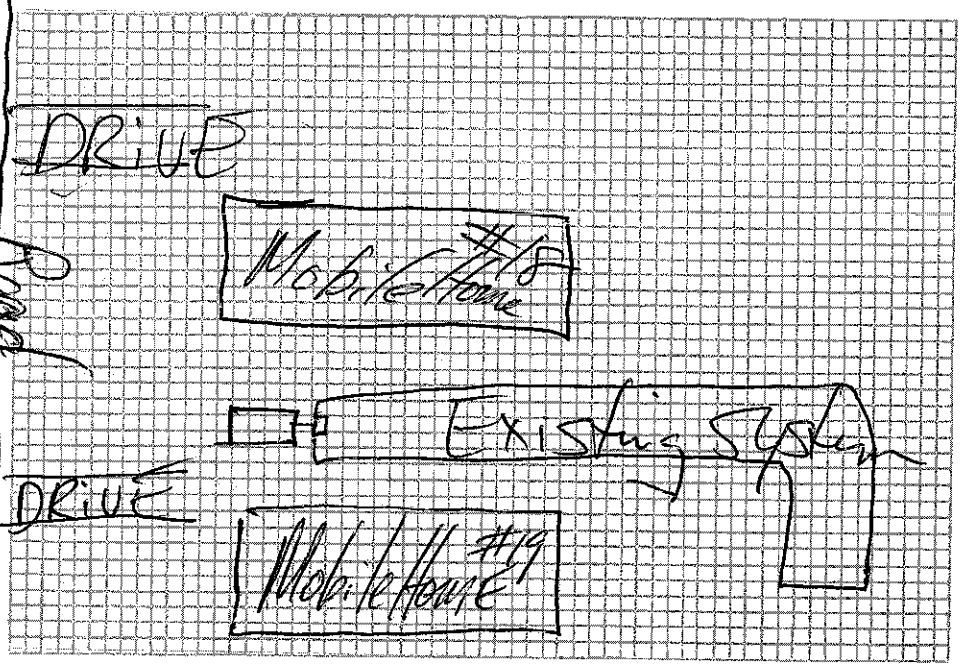
No. Bedrooms 6 No. Bathrooms 2

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

Character & Porosity of Soil _____
Percolation Rate _____
Topography Existing System
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 (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

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

EXISTING SYSTEM CHECKED BY: _____ DATE _____

CONSTRUCTION MUST COMPLY WITH ALL OTHER APPLICABLE STATE AND LOCAL REGULATIONS.
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Health Dept. Copy: White Inspection Dept. Copy: Yellow Sanitarian's Copy: Pink Owner's Copy: Gold