4655-14-6477

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 A.C. Holthouser DATE 6-16-81 PERMIT NO. 189

PHONE: Business _____ Home _____

LOCATION 115 S. Iredell Grocery Restaurant

S. R. No. _____

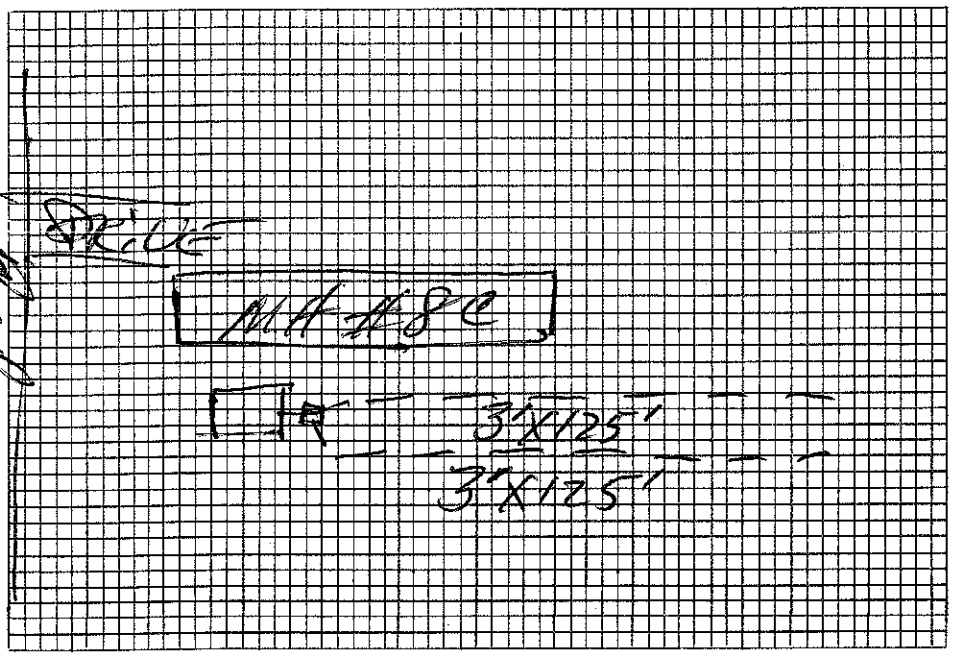
SUBDIVISION NAME Eastport M.H. Park LOT NO 8C SECTION OR BLOCK NO. _____

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

No. Bedrooms 3	No. Bathrooms 2			Character & Porosity of Soil	weathered rock
Garbage Disposal Unit	Yes ( )	No (✓)		Percolation Rate	50
Auto. Dishwasher	Yes (✓)	No ( )		Topography	flat
Auto. Wash. Machine	Yes (✓)	No ( )		Depth to Water Table	unk.
Site Suitable	Yes (✓)	No ( )		Rock or other impervious formations	none obs.

Lot Area 15000 ft²

_____ 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 J.C. Irvin

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

Signed: _____

IMPROVEMENTS PERMIT BY _____

COMMENTS: _____

CERTIFICATE OF COMPLETION BY David K. Hinson DATE 6-16-81

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