4655-14-9534

Blanket Property Description

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 J+J Mobile Home Park DATE 7/5/90 PERMIT NO. ____

PHONE: Business ____ Home ____

LOCATION 115 S TL Eastport Lane @ end

S. R. No. ____

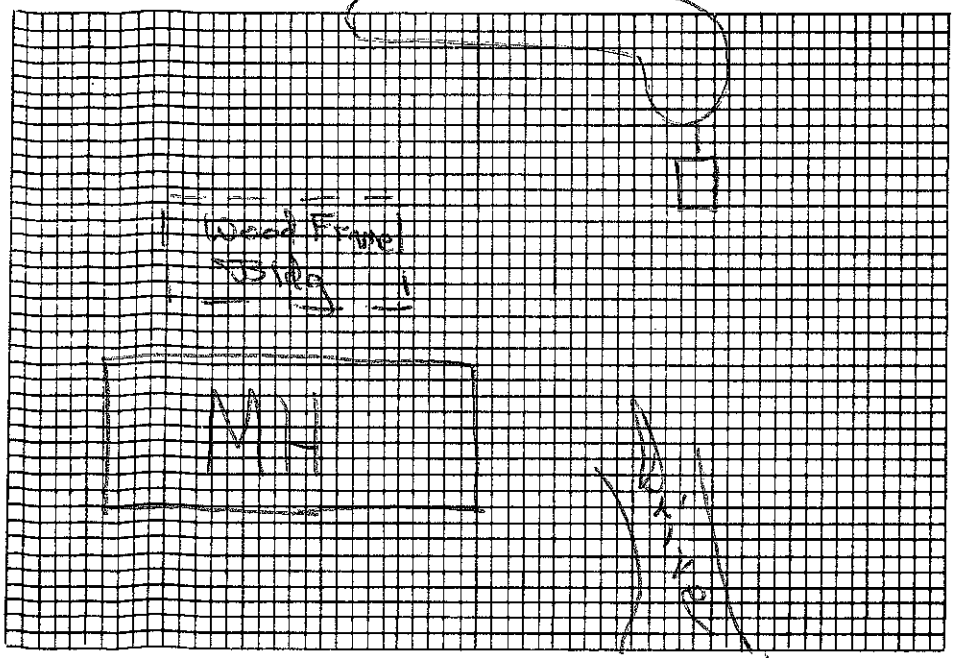
SUBDIVISION NAME J+J MHP LOT NO. 26 SECTION OR BLOCK NO. ____

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

No. Bedrooms 2	No. Bathrooms 2			Character & Porosity of Soil	
Garbage Disposal Unit	Yes ( )	No (✓)		Percolation Rate	
Auto. Dishwasher	Yes ( )	No (✓)		Topography	
Auto. Wash. Machine	Yes (✓)	No ( )		Depth to Water Table	
Site Suitable	Yes ( )	No ( )		Rock or other impervious formations	

Lot Area ____

____ Basement with Plumbing ____ Basement without Plumbing ✓ No Basement



Plot of System

Size of Tank Existing Gals.

Nitrification Field:

No. of Lines ____

Sq. Ft. ____ Linear Ft. ____

Depth of Stone in Lines ____

Water Supply: Individual ( )
Public (✓)
C.o.W.

Installed by ____

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

Signed: ____

IMPROVEMENTS PERMIT BY ____

COMMENTS: ____

CERTIFICATE OF COMPLETION BY ____ DATE ____

EXISTING SYSTEM CHECKED BY: Sam Ingram EHS DATE 7/5/90

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

Blanket P.I. 5309

4655-14-9534

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 Nov. 7, '89 PERMIT NO. _____

PHONE: Business _____ Home _____

LOCATION 155 S. on left behind Bubby & Beaney Restaurant S. R. No. _____

SUBDIVISION NAME Gastport M.H. Park LOT NO. 27 SECTION OR BLOCK NO. _____

(2) on one system?

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

No. Bedrooms _____ No. Bathrooms _____

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

Character & Porosity of Soil _____

Percolation Rate _____

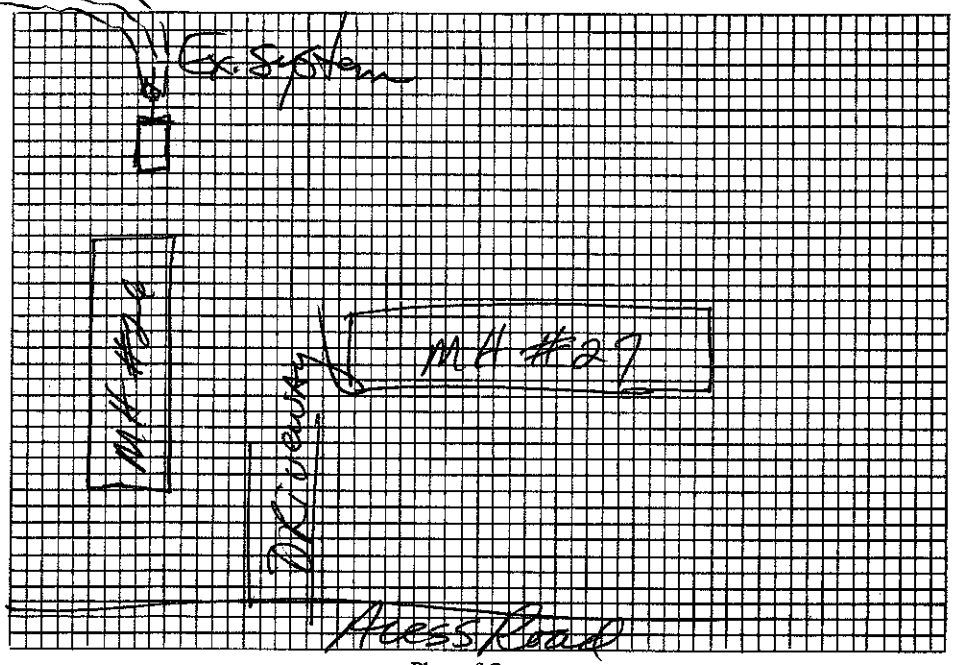
Topography _____

Depth to Water Table _____

Rock or other impervious formations _____

Lot Area Existing

_____ Basement with Plumbing _____ Basement without Plumbing _____ No Basement



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 (✓) CW

Installed by _____

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

Signed: _____

IMPROVEMENTS PERMIT BY _____

COMMENTS: Design of malfunction seen at time of inspection. Replacing M.H. damaged by "Hugo".

CERTIFICATE OF COMPLETION BY _____ DATE _____

EXISTING SYSTEM CHECKED BY: _____, R.S. DATE 11-7-89

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