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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 Linda Holthouser DATE Mar 27, 1990 PERMIT NO. 2A-2-D-13

PHONE: Business ________ Home ________

LOCATION 1155 TL 1223 (Eastport Trail) TR 1224 (Eastport Lane) ~1/4 mi on right S. R. No. ________

SUBDIVISION NAME ________ LOT NO. ________ SECTION OR BLOCK NO. ________

Future Temp.

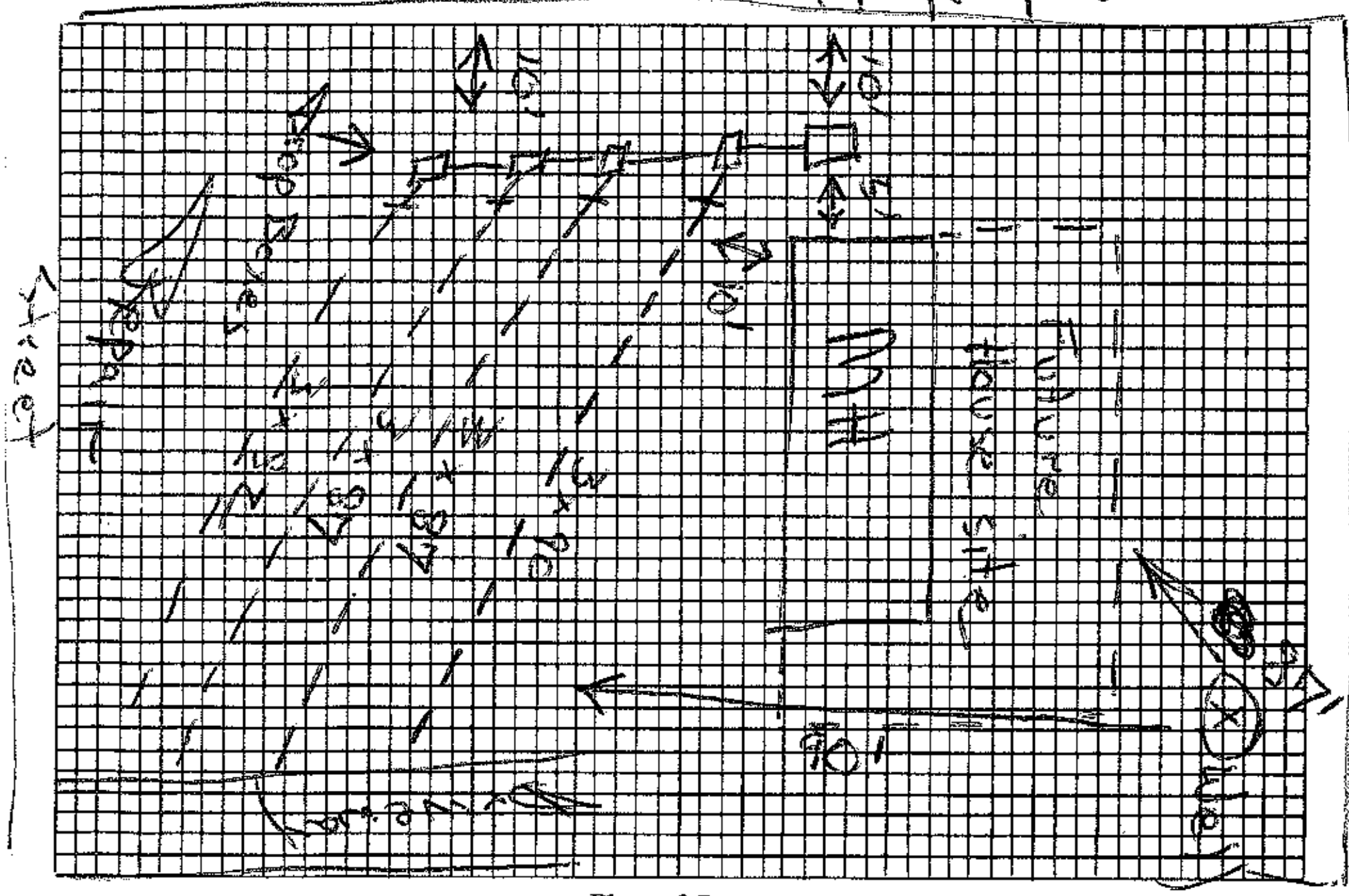
House (✓) Mobile Home (✓) Business ( ) Other ________

No. Bedrooms 3 No. Bathrooms 2

Garbage Disposal Unit	Yes ( )	No (✓)	Character & Porosity of Soil	ps clay
Auto. Dishwasher	Yes (✓)	No ( )	Percolation Rate	~.35
Auto. Wash. Machine	Yes (✓)	No ( )	Topography	~6%
Site Suitable	Yes ( )	No ( )	Depth to Water Table	4' +
			Rock or other impervious formations	none obs

Lot Area 20,000 ft² Existing

____ Basement with Plumbing ____ Basement without Plumbing ____ No Basement



Plot of System

Size of Tank 1000 Gals.

Nitrification Field:

No. of Lines 4

Sq. Ft. 1035 Linear Ft. 345

Depth of Stone in Lines 12"

Water Supply: Individual (✓)

Public ( )

Installed by F J Ervin

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

Signed: ________

IMPROVEMENTS PERMIT BY ________

COMMENTS: ________

CERTIFICATE OF COMPLETION BY Sam Ingram EHS DATE Mar 27, 1990

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