GASTON COUNTY SEPTIC TANK INSPECTION RECORD ENVIRONMENTAL HEALTH DIVISION PENWGER, JEFF No. of Tanks: 405 Helfon Rd No. of Tanks:

CODE/SUB

Owner Name:

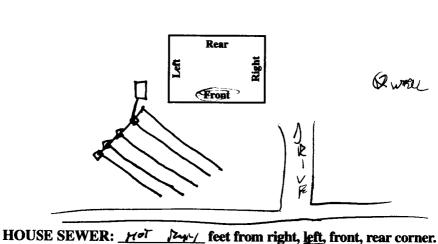
Address: _ 33

Sewer System #

Cap: __/000

Address: 175 WILLYMALE	M 405 Helfon Rd	No. of Tanks:	Ca	ap:
City/St.: CHANGE Ch	erryville, NC	Type Sewer System	: II G	ila 3a
Zip:		Description: (1) />	00 GAL S.T. 1	AND (5) FINE HAVES
Prev. Owner:		OF GRAVEL (L	WES TOTAL 3	00')
Receipt #:34455		Sub. Name:		
		Loc/SubDiv.:	LTON RD (O	FF HWY 219)
Date Installed: 7-10-98		ACROSS FRO	my GREEN	AY NA
Improve. Permit #: 14032				
Type Dwelling:MH		405 He	Iton Rd	
No. of Bedrooms:3				
# Users/Tot. People:		Type Well:	1 -4 #	DII-#
Garbage Disposal:	(Y/N)	Lot Area: 64C		BIOCK #
	bing: <u>// (Y/N)</u>			
Est. Daily Flow: 360	(1/14)	Contractor: LARRY	Service No.	PH#
		Precast Contractor:	/ KOUITE	
No. of Trenches:5	Sq. Ft.: <u>900</u> Lin. F	t.: 300 Width:	36 °	Max. Depth: 36 2
[Repair] # Trenches:	Sq. Ft.: Lin. F	t.: Width:		Max. Depth:
Sep. Trench/Wash:	Sa Et. Lime	Width:		
Depth of Stone: /2 7	Other Materials	Widdi.		Max. Depth:
Tax Book #:	Tax Map #		Tax Parcel #	50
Code #: 2	X Coordinates		· · · · · · · · · · · · · · · · · · ·	
			Y Coordinates _	
	• • •) Comm. (E) Mur	· /	\$8 \$9
IP Issued By:	in In	spected By:	Hore.	RS

LOCATION



CEDERIC TRANSPORT

SEPTIC TANK: Front, rear right side, left side of building.

Perpendicular, parallel, angle // feet from building.

DISTRUBUTION BOX: ______ feet from end, side, corner of septic tank.

NITRIFICATION FIELD OR FILTER: _____ feet from building at nearest point.

WELL (IF ANY): 100 feet from septic tank and 5 feet from disposal field.

SOIL APPEARANCE: Suitable Provisionally suitable

REMARKS: SPEED LEVELS IN 6-BOXES