IREDELL COUNTY HEALTH DEPARTMENT

STATESVILLE 704-878-5305 MOORESVILLE 704-664-5281

50769

IMPROVEMENT PERMIT / CERTIFICATE OF COMPLETION / OPERATION PERMIT / EXISTING SYSTEM INSPECTION

PROPERTY DESCRIPTION NO. 17737 DATE 1-28-94 TAX MAP NO. 8N-2-A-28

OWNER OR CONTRACTOR Tony & Rhonda Bost PHONE: Business _____ Home 873-1658 Watershed: ☐ Yes ☑ No

ADDRESS Rt. 6 Box 222 Statesville, N.C. 28677

LOCATION I40W to Old Mtn. Rd. TR Mock Mill Rd (Beulah Rd.) 4th lot on R past Stewart Dr.

SUBDIVISION Stewart Acres BLOCK / SECTION _____ LOT 28 LOT AREA ≈ 1.0 acre SITE CLASS. P.S. DESIGN FLOW 360 L.T.A.R. .35 gpd/ft²

Septic Tank: 1000 Gallons; STB 794 Date 3-30-94

Pump Tank: — Gallons; PT — Date —

Pump Make: — Model — Serial No. —

Nitrification Field: No Fields 1 Square Feet 1035 Linear Feet 345'

No Lines 4 Trench Width 36" Max Trench Bottom Depth 30" Gravel Depth 12"

☑ New System ☐ Repair System Type: I, II, III, IV, V, VI

System Description: conventional, gravity fed

Repair System Description: " "

Maintenance Agreement Required: ☐ Yes ☑ No

☑ House/Mod. Home ☐ Mobile Home ☐ Business ☐ Other

No. Bedrooms 3 No. Bathrooms 2 No. Employees ____

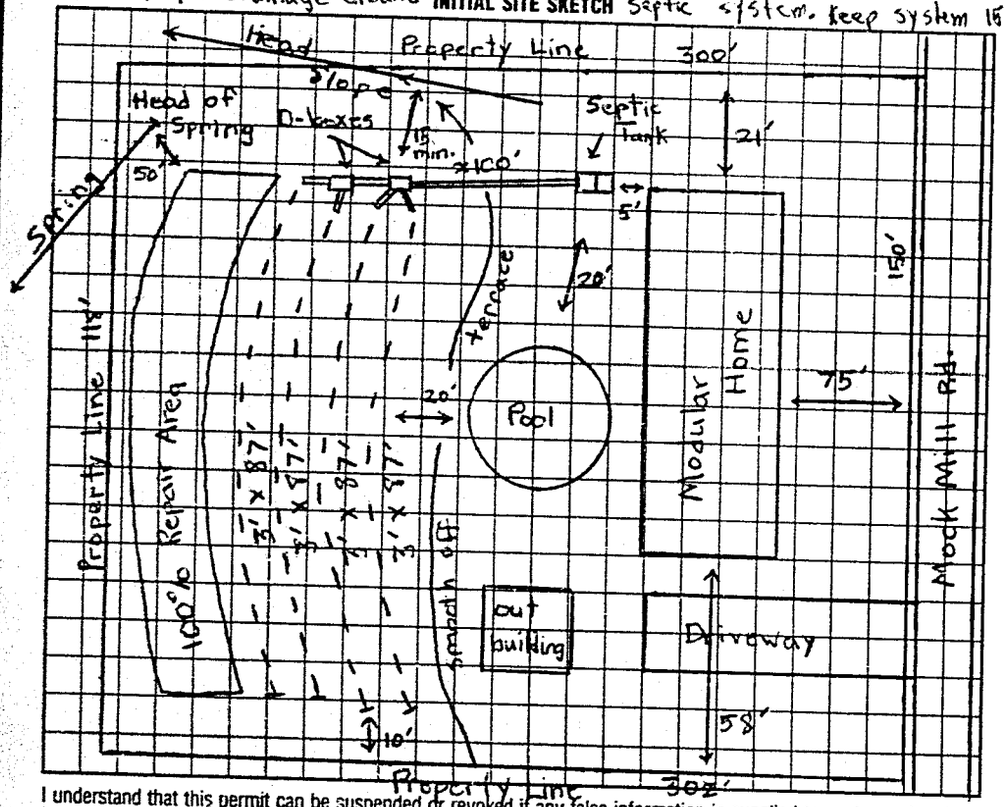
☐ Slab ☑ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☐ Individual ☐ Community ☑ Public

Comments: INSTALL SYSTEM SHALLOW (no deeper than 30" to trench bottom) Keep Nitrification trenches on contour. Keep system min. 5' from foundation of home, 10' from all property lines, 50' from spring, 10' from water line, 20' from pool. Cut terrace but leave ditch to allow proper drainage around

Comments:

INITIAL SITE SKETCH Septic system. Keep system 15' from head slope.



AS BUILT SKETCH

100% Repair Area below System, conventional, gravity fed.

SAME AS INITIAL SKETCH

I understand that this permit can be suspended or revoked if any false information is supplied toward securing the permit/any unauthorized changes are made to the site/any unauthorized changes are made in the installation of the system. Improvement Permit is valid for 60 months from date of issuance.

Signed: Tony Bost

Improvement Permit by: Michael J. Dennis date 1-28-94

Existing System Inspection by: _____ date _____

Installed by: A-1 Backhoe

Certificate of Completion by: Michael J. Dennis date 5-10-94

Operation Permit by: _____ date _____

HEALTH DEPT. COPY: WHITE INSPECTION COPY (FINAL): GREEN OWNER COPY (FINAL): YELLOW INSPECTION COPY (INITIAL): PINK OWNER COPY (INITIAL): GOLD