4626-64-3907

Existing System Inspected alone 11/28/2000 Permit for constructing improved system issued 9-19-2000

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 Sue Boza DATE Oct 4, '88 PERMIT NO. _____

PHONE: Business _____ Home _____

LOCATION 1100 TR South Fork Bear Rt. on Agnew ~1 mile on left S. R. No. _____

SUBDIVISION NAME CL&T Lake Norman LOT NO. 165 4 SECTION OR BLOCK NO. 8

DW

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

No. Bedrooms 3 No. Bathrooms 2

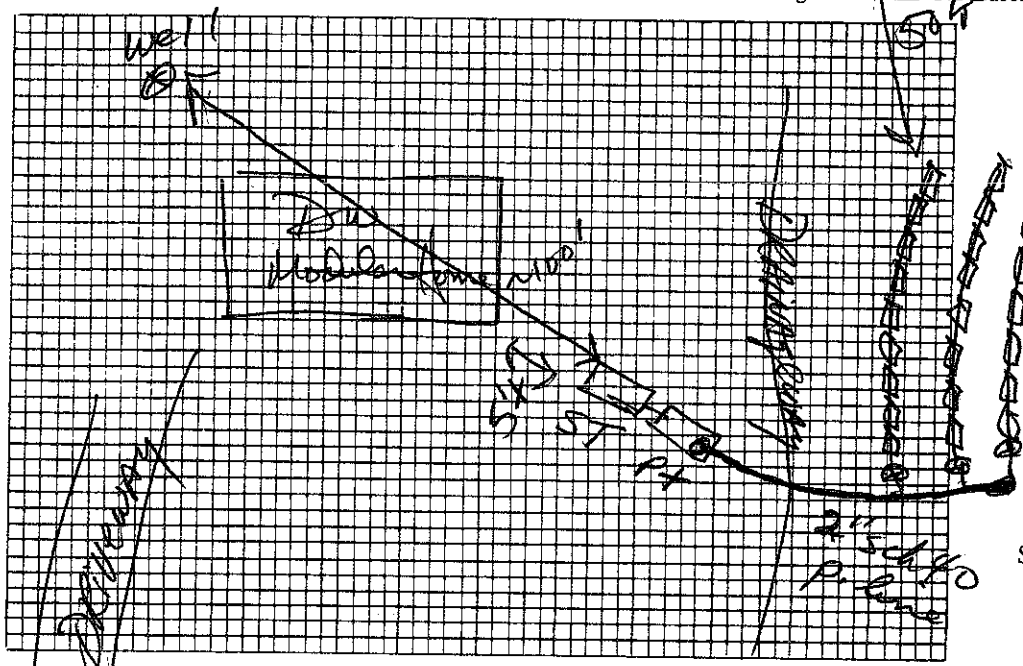
Garbage Disposal Unit Yes ( ) No (✓)
Auto. Dishwasher Yes (✓) No ( )
Auto. Wash. Machine Yes (✓) No ( )
Site Suitable Yes (✓) No ( )

Character & Porosity of Soil clay
Percolation Rate 2.3
Topography ~10%
Depth to Water Table 4'+
Rock or other impervious formations Some scattered rock and saprolite

Lot Area 1 AC+

_____ Basement with Plumbing _____ Basement without Plumbing ✓ No Basement

1000 gal. pit.



Plot of System

Size of Tank 1000 Gals.

Nitrification Field:
No. of Lines 3
Sq. Ft. _____ Linear Ft. 300'
Depth of Stone in Lines 8"/16"
Water Supply: Individual (✓) well
Public ( ) panels prepared

Installed by J L Bowles

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

Signed: _____

IMPROVEMENTS PERMIT BY ACP & JCM

COMMENTS: SR 1257
Alarm checked & working, but not mounted.

CERTIFICATE OF COMPLETION BY _____ DATE 10-4-88

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