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 5/17/88 PERMIT NO. _____

PHONE: Wk: Business 373-8556 Home 537-4984

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

SUBDIVISION NAME Lake Norman Cl & T LOT NO. 1654 SECTION OR BLOCK NO. 8
"34" on County Maps

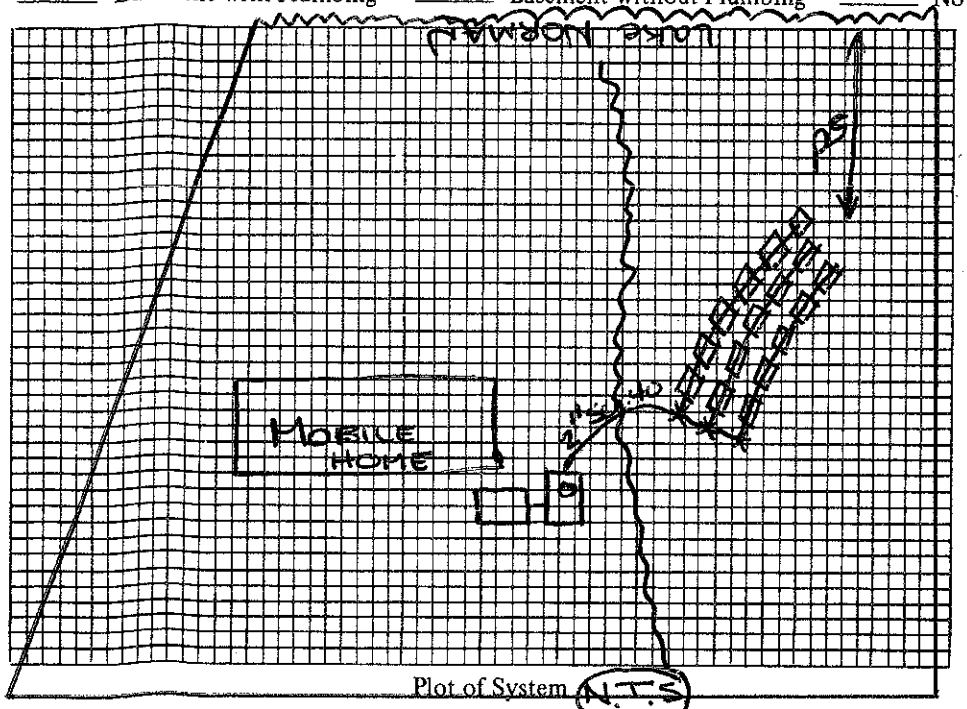
House ( ) Mobile Home (X) Business ( ) Other _____

No. Bedrooms 3 No. Bathrooms 2

Garbage Disposal Unit	Yes ( )	No (✓)	Character & Porosity of Soil	clayey	
Auto. Dishwasher	Yes (✓)	No ( )	Percolation Rate	.3	
Auto. Wash. Machine	Yes (✓)	No ( )	Topography	6-10%	
Site Suitable	Yes (✓)	No ( )	Depth to Water Table	4'+	
			Rock or other impervious formations	surface rock.	

Lot Area 1 ACRE +

_____ Basement with Plumbing _____ Basement without Plumbing _____ No Basement P.T. 1000



Size of Tank 1000 Gals.

Nitrification Field:
No. of Lines 3 [redacted] A.C.P.

Depth of Stone in Lines 200' of 16"

Water Supply: Individual (X) T & J Panel
Public ( ) (pressure dosed)

Installed by _____

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

Signed: Sue Boza

IMPROVEMENTS PERMIT BY Andre C. Pierce

COMMENTS: Keep DRAINFIELD ON CONTOUR and SHALLOW.

CERTIFICATE OF COMPLETION BY _____ DATE _____

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