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 5-14-86 PERMIT NO. 138

PHONE: Business WK 373-8556 Home 537-4984

LOCATION 1100 TR on South Fork bear rt on Agnew approx 1mi on left S. R. No.

SUBDIVISION NAME Lake Norman LOT NO. 1654 SECTION OR BLOCK NO. 8

ACP 3/8/88 (1134' on county maps)

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

No. Bedrooms 3 No. Bathrooms 2

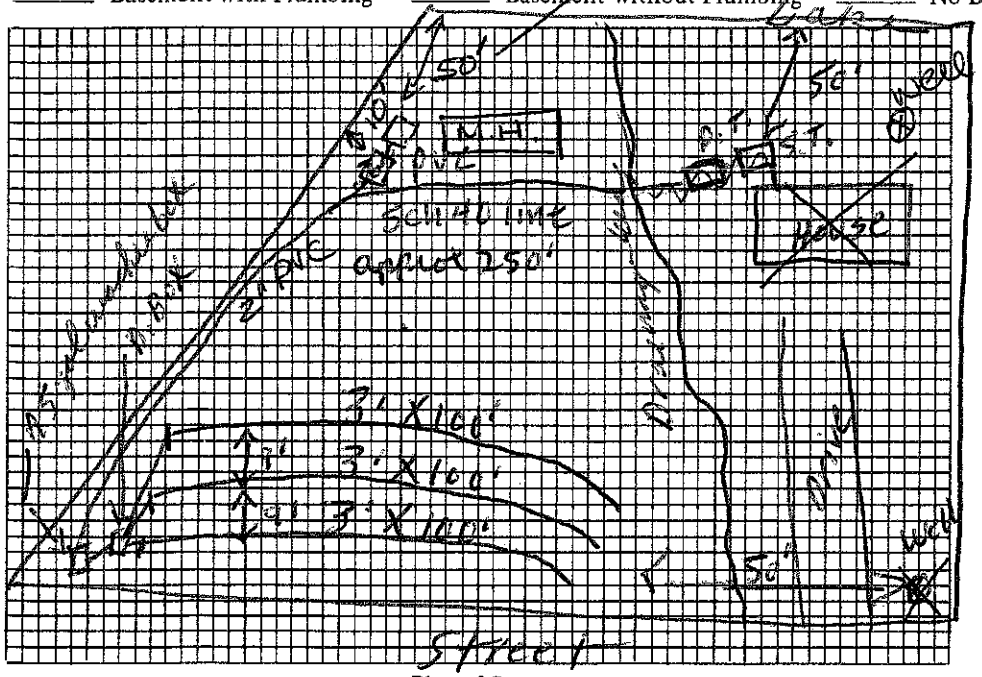
Garbage Disposal Unit Yes ( ) No (✓)
Auto. Dishwasher Yes (✓) No ( )
Auto. Wash. Machine Yes (✓) No ( )
Site Suitable Yes (✓) No ( )

Character & Porosity of Soil Clayey
Percolation Rate 24
Topography 2 to 6%
Depth to Water Table 10'+
Rock or other impervious formations Some Saprolite

Lot Area 1 acre +

FROM HIGH WATER MARK

_____ Basement with Plumbing _____ Basement without Plumbing _____ No Basement



Plot of System

Size of Tank 1000 ST Gals.
Nitrification Field: 1000 P.T.
No. of Lines 3
Sq. Ft. 900 Linear Ft. 300
Depth of Stone in Lines 12"
Water Supply: Individual (✓)
Public ( )

Installed by _____

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

Signed: Bill Corkran

IMPROVEMENTS PERMIT BY L. C. Moore

COMMENTS: use 3/4 hp Sewage Pump Pump approx 200gal Per hour - Set Floates accordingly approx 14" in 1000 gal T. use 2 seperate Eletric circuits one for Alarm one for Pump. Make all connections on outside of Pump

CERTIFICATE OF COMPLETION BY Tank in waterproof box. 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. Note approved changes → 3/8/88 ACP

Health Dept. Copy: White Inspection Dept. Copy: Yellow Sanitarian's Copy: Pink Owner's Copy: Gold