4627-80-6255

9761

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 Bost Bldg. Co. DATE April 11, 1990 PERMIT NO. B-20

PHONE: Business _____ Home _____

LOCATION Brawley Sch Rd. TR McKendree TR Digh Circle TL Barksdale 1st rd. to left 1/8 mi on left S. R. No. _____

SUBDIVISION NAME Lake Norman LOT NO. 359 SECTION OR BLOCK NO. 8

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

No. Bedrooms 3 No. Bathrooms 2½

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 .3

Topography 6-10%

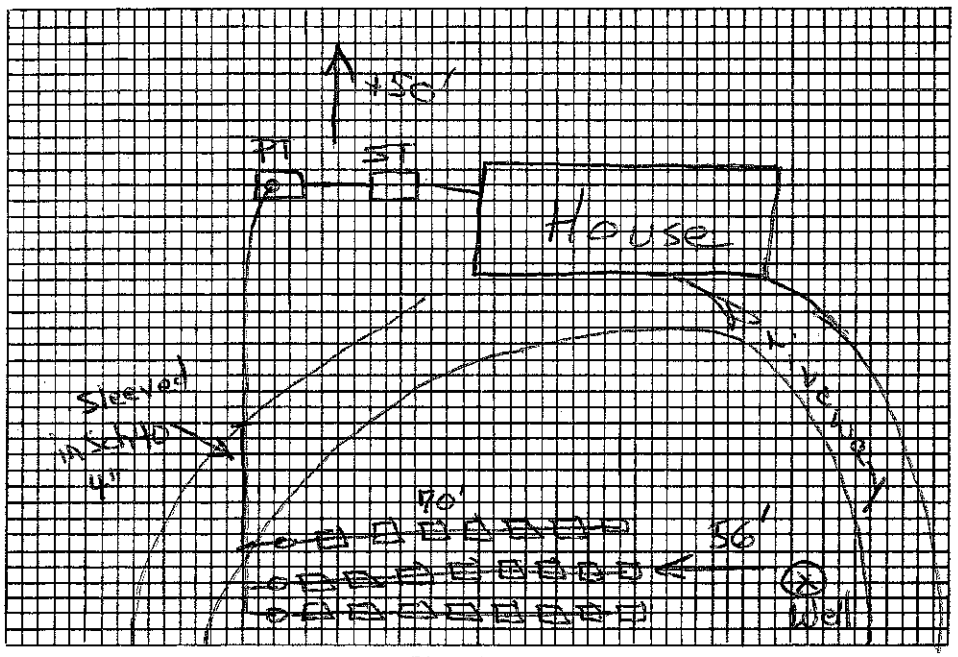
Depth to Water Table 10'+

Rock or other impervious formations sap 36"

Lot Area 1 ac Lake

(✓) Basement with Plumbing ____ Basement without Plumbing ____ No Basement

1500 PT



Plot of System

Size of Tank 1500 Gals.

Nitrification Field:

No. of Lines 3

Sq. Ft. _____ Linear Ft. 210'

Depth of Stone in Lines 16"

Water Supply: Individual (✓) Tap

Public ( ) Panel

Installed by Larry Henkle

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

Signed: _____

IMPROVEMENTS PERMIT BY _____

COMMENTS: _____

Operation Permit

~~CERTIFICATE OF COMPLETION~~ BY Sam Ingram EHS DATE April 11, 1990

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