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 5-30-89 PERMIT NO. B-20

PHONE: Business _____ Home _____

LOCATION Brawley Sch Rd TR McKendry TR Righ Circle TL Barkdale 1st Rd to left 1/4 mi on L. S. R. No. _____

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

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

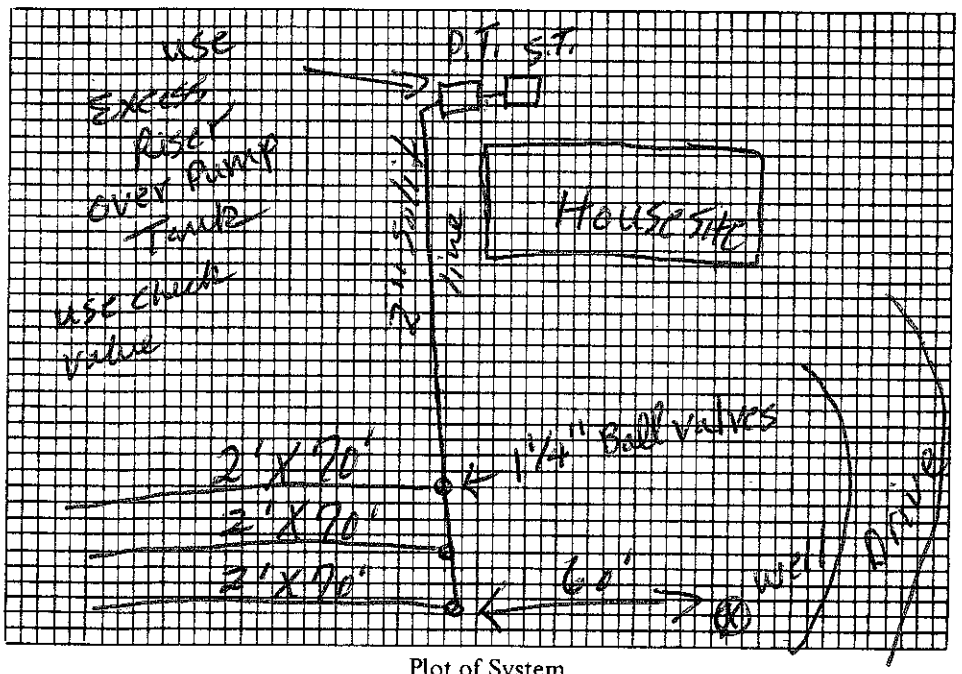
No. Bedrooms 3 No. Bathrooms 2 1/2

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 3
Topography 6 to 10%
Depth to Water Table 10'+
Rock or other impervious formations Saprolite 36"

Lot Area 1 acre

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



Plot of System

1250 P.T.
Size of Tank 1250 S.T. Gals.

Nitrification Field:
No. of Lines _____
Sq. Ft. _____ Linear Ft. _____
Depth of Stone in Lines _____

Water Supply: Individual ( )
Public ( )

210 16" T+J Panel

Installed by _____

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

Signed: x Jeffrey D. Bost

Drill (1)-3/16" hole / Panel Pressure to 2' working head

IMPROVEMENTS PERMIT BY P. C. Moore

COMMENTS: use Pump that will deliver 30 gal/min at 30' Total Heat. wire Pump + Alarm to County Bldg Insp. Standards

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