4636 63 7248

13327

IREDELL COUNTY HEALTH DEPARTMENT

IMPROVEMENT PERMIT AND CERTIFICATE OF COMPLETION / OPERATIONS PERMIT

OWNER OR CONTRACTOR Gregory & Vickie Bostic DATE July 24, '92 PERMIT NO. 2K-B-19-A

PHONE: Business _____ Home _____

LOCATION 1100 TL 1112 (Stutts Rd) TL just before Norman Woods (gravel rd) at end S.R. No. _____

SUBDIVISION NAME _____ LOT NO. _____ SECTION OR BLOCK NO. _____

House ☑ Mobile Home ☐ Business ☐ Other _____

No. Bedrooms 4 No. Bathrooms 4

Garbage Disposal Unit Yes ☑ No ☐

Auto. Dishwasher Yes ☑ No ☐

Auto. Wash. Machine Yes ☑ No ☐

Lot Area acreage

Soil Characteristics Ps clay

Application Rate Ls 35

Topography 2-4%

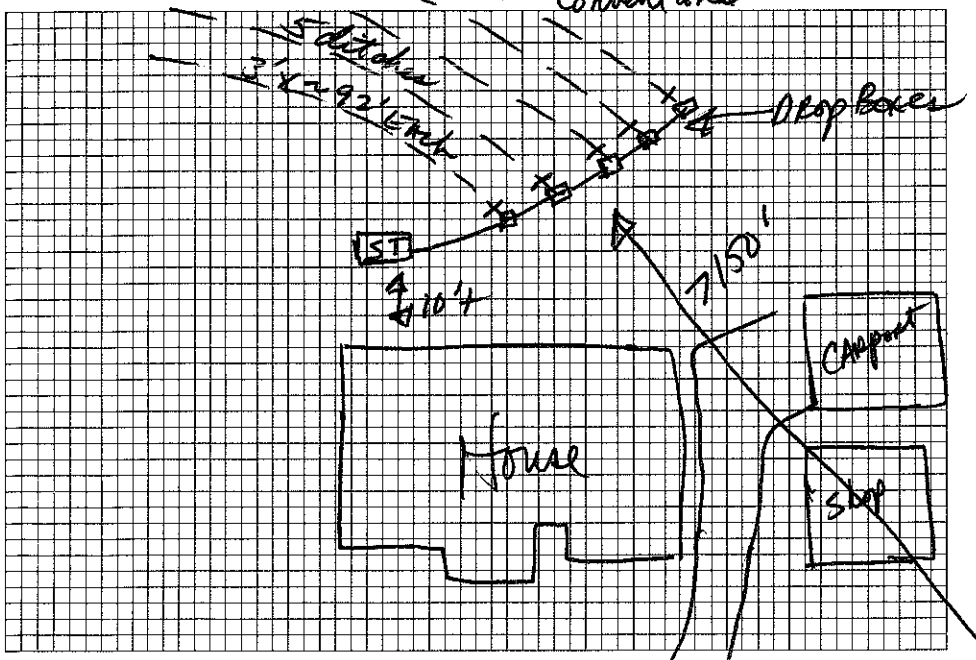
Depth to Water Table > 4ft

Rock or other impervious formations none obs

Repair Area

_____ Basement with Plumbing _____ Basement without Plumbing _____ No Basement ✓ Crawl Space

Conventional



Plot of System (Not to Scale)

Size of Tank 1500 Gals.

Nitrification Field:

No. of Lines 5

Sq. Ft. 1380 Linear Ft. 460

Depth of Stone in Lines 12"

Water Supply: Individual ☑ Public ☐

Installed by H J Gervin

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

Signed: _____

(IMPROVEMENT PERMIT IS VALID FOR 60 MONTHS FROM DATE OF ISSUE.)

IMPROVEMENT PERMIT BY _____

COMMENTS _____

CERTIFICATE OF COMPLETION BY D R Hinson, RS DATE 7/24/92

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 unapproved changes are made to the site, and/or if any false information is supplied toward securing Improvement Permit.

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

IREDELL COUNTY HEALTH DEPARTMENT

13327

(SEPTIC TANK) IMPROVEMENTS PERMIT AND CERTIFICATE OF COMPLETION
(Ground Absorption Sewage Disposal System -- G. S. Chapter 130-Article 13C)

OWNER OR CONTRACTOR Gregory & Vickie Bostic DATE Dec. 6, '91 PERMIT NO 2K-B-19-A

PHONE: Business _____ Home _____

LOCATION 1100 TL 1112 (Statts Rd.) TL just before Norman Woods (gravel rd.) at end S. R. No. _____

SUBDIVISION NAME _____ LOT NO. _____ SECTION OR BLOCK NO. _____

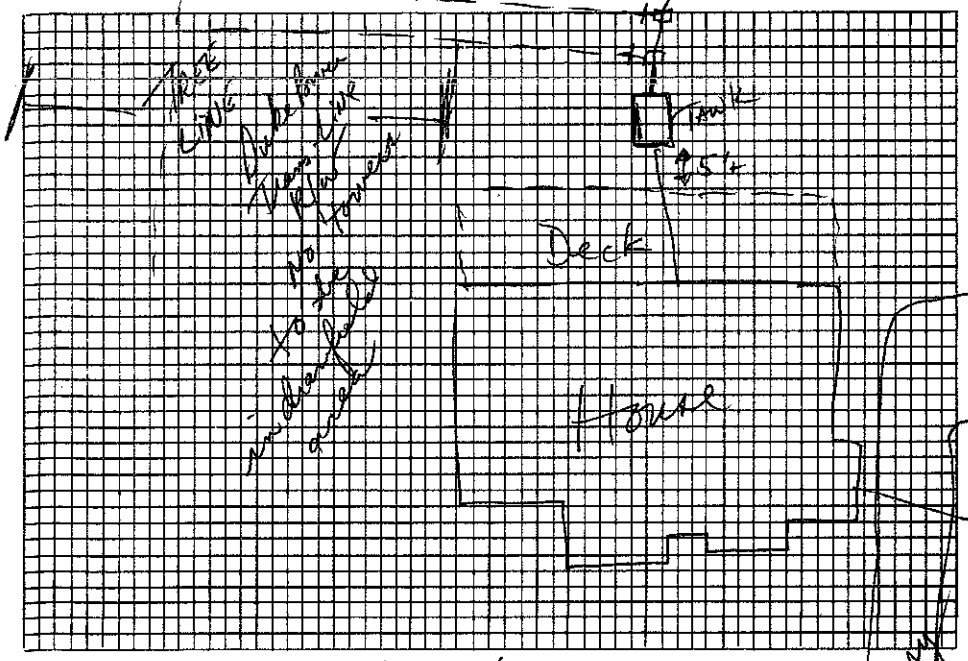
House (✓) Mobile Home ( ) Business ( ) Other Revised permit - pump eliminated

No. Bedrooms 4 No. Bathrooms 4 + Area
Garbage Disposal Unit Yes (✓) No ( )
Auto. Dishwasher Yes (✓) No ( )
Auto. Wash. Machine Yes (✓) No ( )
Site Suitable Yes (✓) No ( )
Lot Area acreage

Character & Porosity of Soil ps clay
Percolation Rate 2.35
Topography 4-6%
Depth to Water Table 4'+
Rock or other impervious formations none obs.

Drop Boxes

_____ Basement with Plumbing _____ Basement without Plumbing _____ No Basement



Plot of System

Size of Tank 1500 Gals.
Nitrification Field:
No. of Lines ~5
Sq. Ft. 1380 Linear Ft. 460
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: X Gregory C. Bostic

IMPROVEMENTS PERMIT BY D R Johnson, RS.

COMMENTS: House bedrooms (design flow) reduced to 4 bedroom total. Pool eliminated.
36" maximum trench bottom depth. Follow contours / drainfield.

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