01178

# 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 MILDRED JOHNSON DATE 10-10-84 PERMIT NO. _____

PHONE: Business _____ Home _____

LOCATION Buffalo Shoals Rd. - west just past Airport Rd. - T.R. into main entrance of dev. - T.L. at Stop Sign - go around lake - house on left as pavement ends.

SUBDIVISION NAME BOSTIAN HEIGHTS LOT NO. 110 SECTION OR BLOCK NO. _____ S. R. NO. _____

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

No. Bedrooms 2 No. Bathrooms 1.5

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

Lot Area 160' X 250'

Character & Porosity of Soil Prov. Suitable

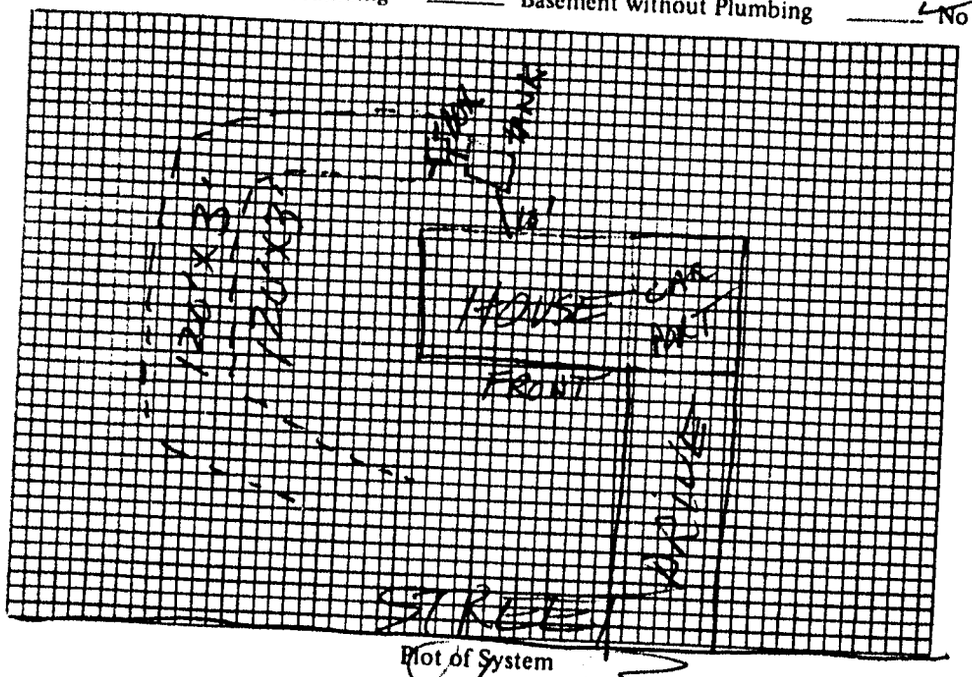
Percolation Rate .5 gal/sq. ft.

Topography 2-6%

Depth to Water Table 10'+

Rock or other impervious formations none observed.

_____ Basement with Plumbing _____ Basement without Plumbing ✓ No Basement




Plot of System

Size of Tank 1000 Gals.

Nitrification Field:
No. of Lines 2
Sq. Ft. 720 Linear Ft. 240
Depth of Stone in Lines 12"

Water Supply: Individual (✓)
Public ( )

Installed by Eddie Younts

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

Signed: _____

IMPROVEMENTS PERMIT BY Steve Brown

COMMENTS: _____

CERTIFICATE OF COMPLETION BY Steve Brown DATE 10-10-84

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