IREDELL COUNTY HEALTH DEPARTMENT

IMPROVEMENT PERMIT AND CERTIFICATE OF COMPLETION / OPERATIONS PERMIT

OWNER OR CONTRACTOR VICKY CHAPMAN DATE 3-16-92. PERMIT NO. _____

PHONE: Business _____ Home _____

LOCATION Buffalo Shoals Rd. west-T.R. into Bostian Heights - go to stop sign - T.L. - go around curve-past pond - 3rd house on R.

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

House ☑ Mobile Home ☐ Business ☐ Other Repair.

No. Bedrooms _____ No. Bathrooms _____

Garbage Disposal Unit	Yes ☐	No ☐
Auto. Dishwasher	Yes ☐	No ☐
Auto. Washing Machine	Yes ☐	No ☐

Lot Area Limited.

Soil Characteristics _____

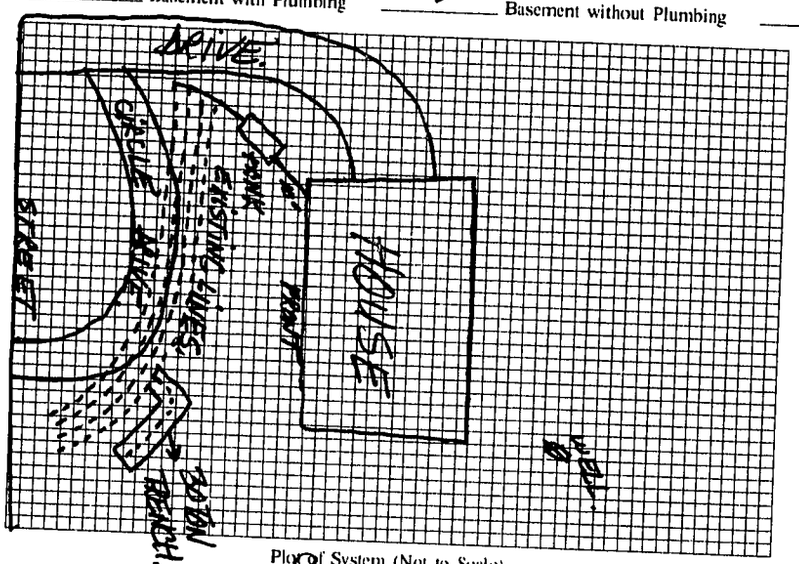
Application Rate _____

Topography _____

Depth to Water Table Repair.

Rock or other impervious formations _____

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



Plot of System (Not to Scale)

Size of Tank EXISTING Gals.

Nitrification Field:

No. of Lines _____

Sq. Ft. _____ Linear Ft. _____

Depth of Stone in Lines _____

Water Supply: Individual ☑ Public ☐

30 TON SUBSURFACE TRENCH INSTALLED.

Installed by Jamie Hudler

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 Steve Brown

COMMENTS Complete small french drain adjacent to lower edge of driveway.

CERTIFICATE OF COMPLETION BY Steve Brown

EXISTING SYSTEM CHECKED BY _____ DATE 3-16-92.

CONSTRUCTION MUST COMPLY WITH ALL OTHER APPLICABLE STATE AND LOCAL REGULATIONS DATE _____

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