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 CALVIN COOK DATE 5-3-91. PERMIT NO. _____

PHONE: Business _____ Home _____

LOCATION Buffalo Shoals Rd. west-T.R. into Bostian Heights Dev.-go to stop sign + T.R.-1st brick house on R. S. R. No. _____

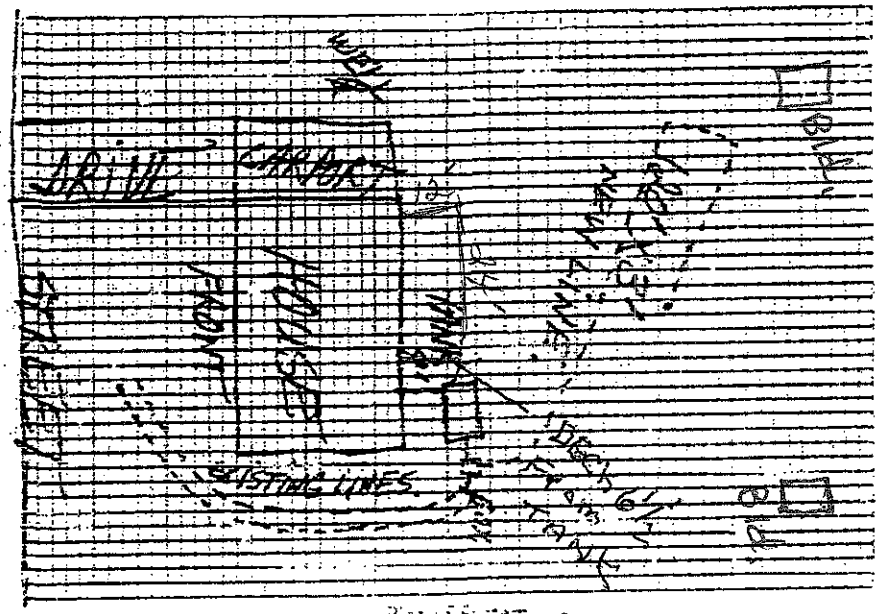
SUBDIVISION NAME BOSTIAN HEIGHTS LOT NO. _____ SECTION OR BLOCK NO. _____

House (✓) Mobile Home ( ) Business ( ) Other: Repair.

No. Bedrooms _____ No. Bathrooms _____
Garbage Disposal Unit Yes ( ) No ( )
Auto. Dishwasher Yes ( ) No ( )
Auto. Wash. Machine Yes ( ) No ( )
Site Suitable Yes (✓) No ( )
Lot Area Ample.

Character & Porosity of Soil _____
Percolation Rate _____
Topography _____
Depth to Water Table Repair.
Rock or other impervious formations _____

_____ Basement with Plumbing _____ Basement without Plumbing ✓ No Basement



Plan of System

Size of Tank EXISTING Gals.
Nitrification Field:
No. of Lines 1
Sq. Ft. 360 Linear Ft. 120
Depth of Stone in Lines 12"
Water Supply: Individual (✓)
Public ( )

Installed by Forest Shuford

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

Signed _____

SUPERVISED AND APPROVED BY Tim Smith

COMMENTS: _____

Tim Smith DATE 5-7-91

SANITARIAN'S SIGNATURE DATE _____

THIS SYSTEM MUST COMPLY WITH ALL OTHER APPLICABLE STATE AND LOCAL REGULATIONS.

Sanitarian's Copy: Pink Owner's Copy: Gold

The proposed Deck enclosure addition does not appear to impact the existing septic system.

J **NOTE: Deck 9.5-FT. from septic tank R.S. 03

Date: 6 May 10

ICHD-Environmental Health Division