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 Robert Bost DATE 11-15-84 PERMIT NO. _____

PHONE: Business _____ Home _____

LOCATION US 21 N TL At Isehour Produce TL on Bluebird Ln at end TL follow To end 2nd mHon Rt Gramens S. R. No. _____

SUBDIVISION NAME Bost MHP LOT NO. 2 SECTION OR BLOCK NO. _____

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

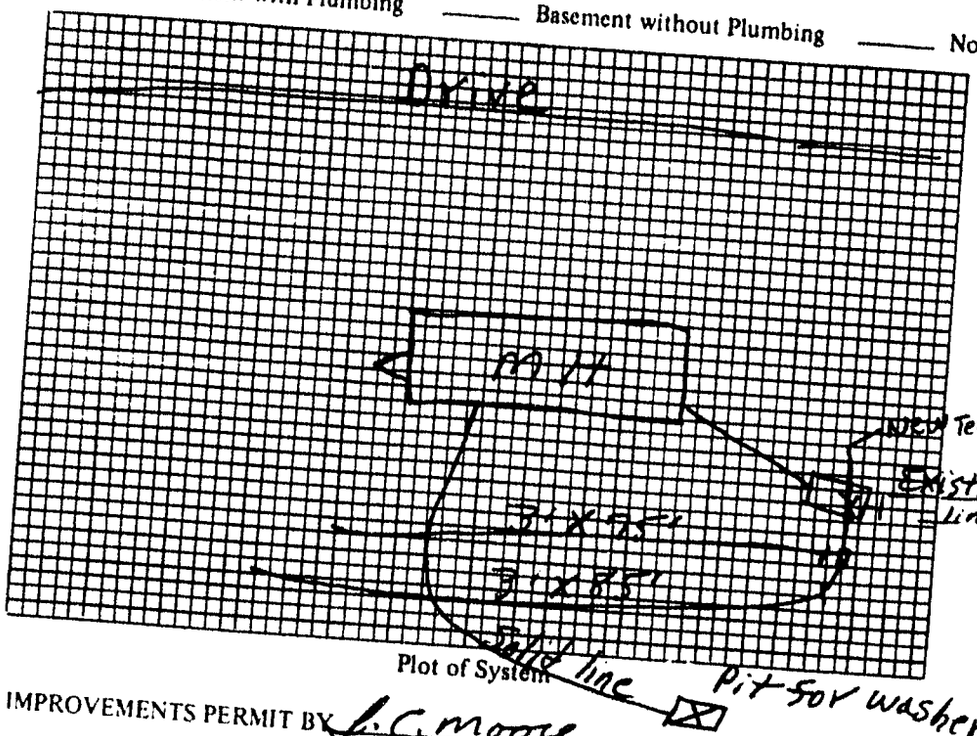
No. Bedrooms _____ No. Bathrooms _____

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

Lot Area _____

Character & Porosity of Soil Clayey
Percolation Rate .45 Lt 55' Hour
Topography 2 to 6%
Depth to Water Table 10 ft
Rock or other impervious formations none

_____ Basement with Plumbing _____ Basement without Plumbing _____ No Basement



Plot of System

Size of Tank Existing Gals.
Nitrification Field:
No. of Lines 2
Sq. Ft. 480 Linear Ft. 160
Depth of Stone in Lines 12"
Water Supply: Individual (✓)
Public ( )
+ Ten Ton Pit for washer

Installed by James Huddler

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

Signed: _____

IMPROVEMENTS PERMIT BY J. C. Moore

COMMENTS: _____

CERTIFICATE OF COMPLETION BY J. C. Moore DATE 11-15-84

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