IREDELL COUNTY HEALTH DEPARTMENT

IMPROVEMENT PERMIT AND CERTIFICATE OF COMPLETION / OPERATIONS PERMIT

OWNER OR CONTRACTOR Robert Bost DATE 8-27-92 PERMIT NO. _____

PHONE: Business _____ Home _____

LOCATION 215 TL Cumberland TL Bluebird TL Skyuka at end

SUBDIVISION NAME Bost mHP LOT NO. 2 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. Wash. Machine	Yes ☐	No ☐

Lot Area _____

Soil Characteristics Clayey

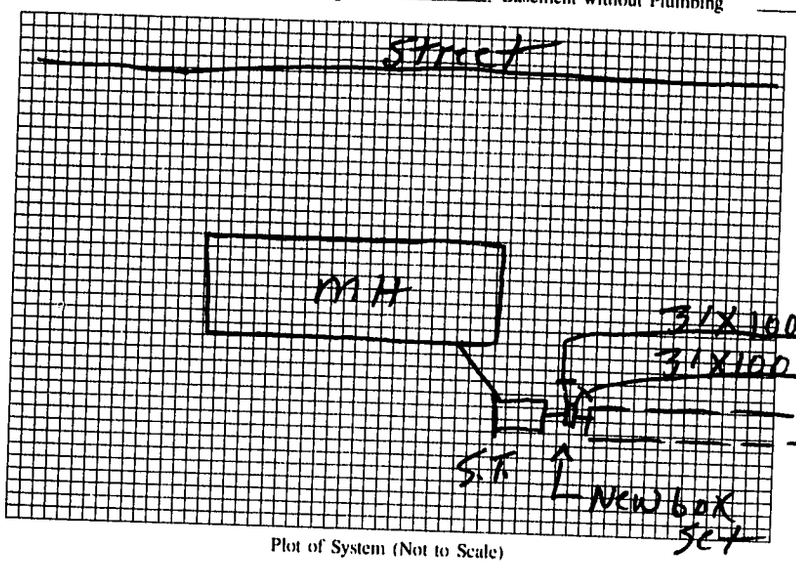
Application Rate .4

Topography 2 to 6%

Depth to Water Table 10'+

Rock or other impervious formations none

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



Plot of System (Not to Scale)

Size of Tank Ex. _____ Gals.

Nitrification Field:

No. of Lines 2

Sq. Ft. 600 Linear Ft. 200

Depth of Stone in Lines 12"

Water Supply: Individual ☐ Public ☑

Installed by James Hutler

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 J.C. moore

COMMENTS New lines feet first

CERTIFICATE OF COMPLETION BY J.C. moore DATE 8-27-92

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