08051

Ace - in inches - on - off

(31 TDH)

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 Ron & Nancy Toney DATE 11/4/88 ~~[illegible]~~ 20B

PHONE: Business _____ Home 545-4005

LOCATION 1100 TR Chuckwood TR Indian Lp. On left ~ 1 mile S. R. No. _____

SUBDIVISION NAME C L and T LOT NO. 1674 SECTION OR BLOCK NO. _____

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

No. Bedrooms 3 No. Bathrooms 2

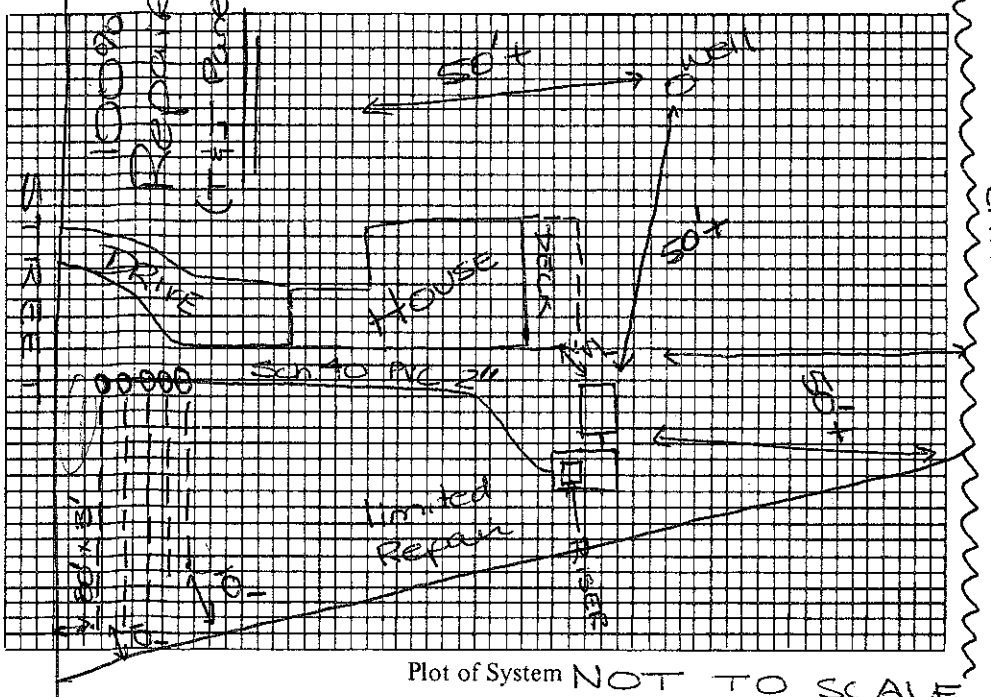
Garbage Disposal Unit	Yes (✓)	No ( )	
Auto. Dishwasher	Yes (✓)	No ( )	
Auto. Wash. Machine	Yes (✓)	No ( )	
Site Suitable	Yes (✓)	No ( )	

Character & Porosity of Soil clayey
Percolation Rate .35 gpd/ft²
Topography 60% & 10%
Depth to Water Table 4'+
Rock or other impervious formations none observed
Some Rock was dug out w/ house Basement

Lot Area _____

_____ Basement with Plumbing _____ Basement without Plumbing _____ No Basement

P.T. = 1250



Plot of System NOT TO SCALE

Size of Tank 1250 Gals.
Nitrification Field:
No. of Lines 4-5
Sq. Ft. 1030 Linear Ft. 345
Depth of Stone in Lines _____
Water Supply: Individual ( )
Public ( )

Installed by _____

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

Signed: R. Toney

IMPROVEMENTS PERMIT BY Andre C. Pierce

COMMENTS: Install drainfield level and 30" max. to bottom of ditch. Drainfield will have (1½") Sch 40 PVC w/ a 5/32" hole ea. @ 5'. A 2' turnup at end of ea. ditch will be used to regulate and maintain the regulation of the pump. Pump should deliver a flow of 29 gpm w/ a TDH of [2' head + 4' friction + elevation]. TDH = ~ 28. A high water alarm should be mounted in house and functional before the health dept. will approve the installation.

CERTIFICATE OF COMPLETION BY _____ DATE _____

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