4636 84 0526

10105

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 Randy S. Rhymer DATE April 4, 1990 PERMIT NO. 2K-9-A-119

PHONE: Business _____ Home _____

LOCATION 1100 TL Canvasback TR Spring Run Drive ~ ½ mile on R ~ 4th House S. R. No. _____

SUBDIVISION NAME Mallard Head # LOT NO. 119 SECTION OR BLOCK NO. _____

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

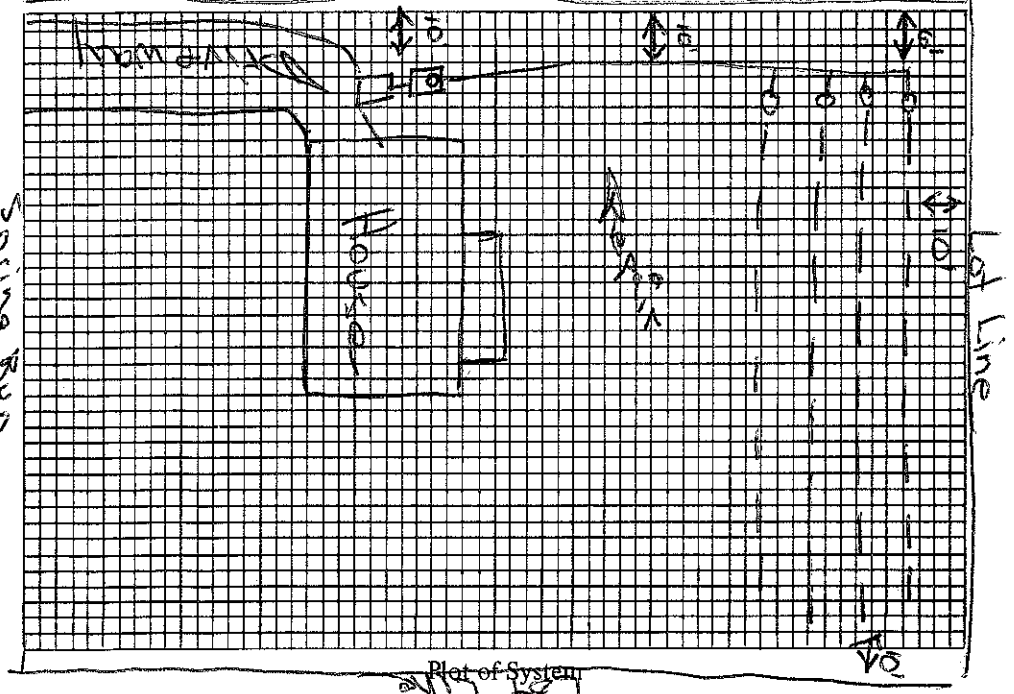
No. Bedrooms 3 No. Bathrooms 2

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 1 ft²
Topography _____
Depth to Water Table _____
Rock or other impervious formations _____

Lot Area _____

_____ Basement with Plumbing _____ Basement without Plumbing ✓ No Basement



PT 1500
ST 1500
Size of Tank _____ Gals.

Nitrification Field:
No. of Lines 4
Sq. Ft. 1020 Linear Ft. 340
Depth of Stone in Lines 12"

Water Supply: Individual ( )
Public (✓)
C.W.

Installed by F J Ervin

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

Signed: _____

IMPROVEMENTS PERMIT BY Sam Ingram EHS

COMMENTS: Not enough repair area in back yard for 4 more lines @ 85'
2 lines maximum. Would be enough room for equivalent panel repair. Also some room on front of lot
Operation Permit

CERTIFICATE OF COMPLETION BY Sam Ingram EHS DATE 6/5/1990

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