10105

1.030 +

# 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 7/7/89 ~~PERMIT NO.~~ 21A

PHONE: Business _____ Home 365-4291

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

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

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

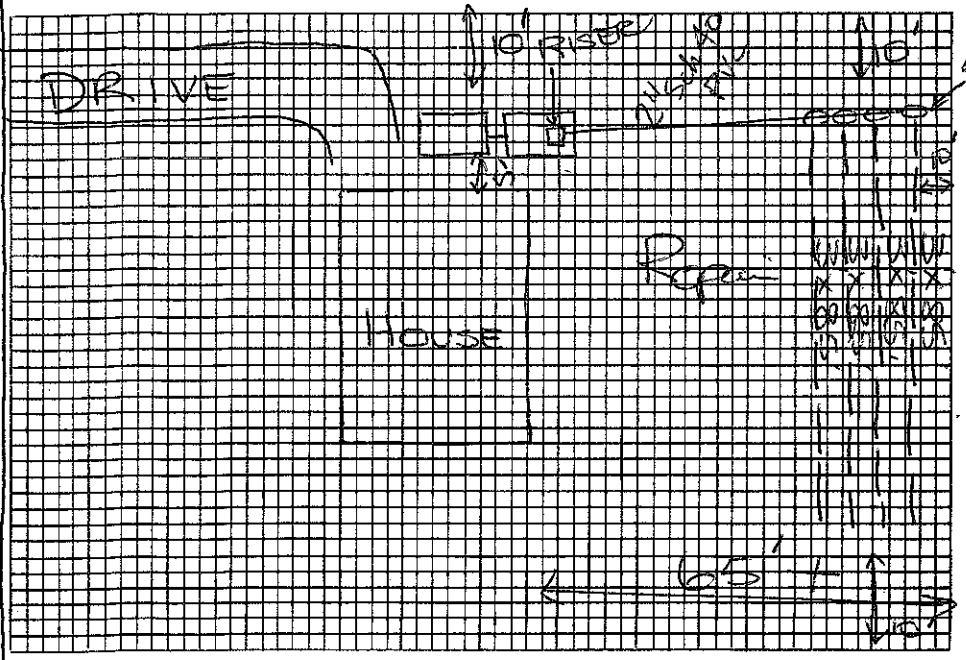
No. Bedrooms 3 No. Bathrooms 2

| | | | |
|---|---|---|---|
| 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 .35gpd/ft²
Topography _____
Depth to Water Table _____
Rock or other impervious formations _____

Lot Area _____

_____ Basement with Plumbing _____ Basement without Plumbing ✓ No Basement PT: 1250




Plot of System NOT TO SCALE

Size of Tank 1250 Gals.
Nitrification Field:
No. of Lines 4
Sq. Ft. 102 Linear Ft. 340
Depth of Stone in Lines 12"
Water Supply: Individual ( )
Public (✓)
Community water

Installed by _____

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

Signed: X Randy S Rhymes

IMPROVEMENTS PERMIT BY Andrew C. Pierce, R.S.

COMMENTS: Install field at a depth of 30" maximum to ditch bottom. Keep lines with consistent cover and depth (ie ON CONTOUR.) Pressurize field w/ 2' pressure head. 2" pumpline (Sch 40 PVC @ 2")

CERTIFICATE OF COMPLETION BY Reduce to 1½ - 1¼" PVC w/ 5/32" DATE _____

EXISTING SYSTEM CHECKED BY: hole every 5' TDH = 2 + 12 + 2 = 16+ 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.

Flow = 27 g/min.

Health Dept. Copy: White Inspection Dept. Copy: Yellow Sanitarian's Copy: Pink Owner's Copy: Gold

High water alarm must be installed/functional b/f completion of system is issued