IREDELL COUNTY HEALTH DEPARTMENT

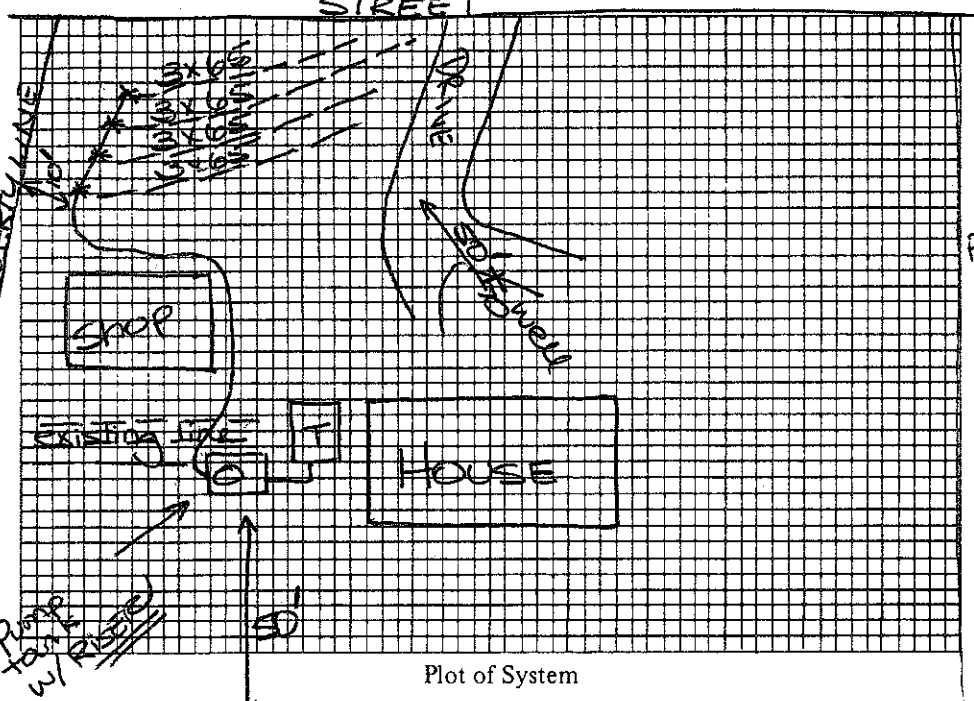
(SEPTIC TANK) IMPROVEMENTS PERMIT AND CERTIFICATE OF COMPLETION
(Ground Absorption Sewage Disposal System – G. S. Chapter 130-Article 13C)

OWNER OR CONTRACTOR W. T. Royster DATE July 7, 1988 PERMIT NO. _____
Rt. 9 Box 139 Hoorsville,
PHONE: Business _____ Home 664-6253
LOCATION 1100 TR Blume TR Patternote 3/4 mile on L. S. R. No. _____
SUBDIVISION NAME _____ LOT NO. _____ SECTION OR BLOCK NO. _____

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

No. Bedrooms 3	No. Bathrooms 2		Character & Porosity of Soil existing	clayey
Garbage Disposal Unit	Yes (✓)	No ( )	Percolation Rate	~.4gpd/ft²
Auto. Dishwasher	Yes (✓)	No ( )	Topography	6%
Auto. Wash. Machine	Yes (✓)	No ( )	Depth to Water Table	4'+
Site Suitable	Yes ( )	No ( )	Rock or other impervious formations	none observed

Lot Area existing
✓ Basement with Plumbing ____ Basement without Plumbing ____ No Basement



Plot of System

Pump Tank: 1000 gals
Size of Tank existing Gals.
Nitrification Field:
No. of Lines 4
Sq. Ft. 780 Linear Ft. 260
Depth of Stone in Lines 12"
Water Supply: Individual (✓)
Public ( )

Installed by _____

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

Signed: W J Royster

IMPROVEMENTS PERMIT BY Andrew C. Green Pete Naman 760'

COMMENTS: Recommend pumping tank. Pump through 2" Sch 40 PVC pipe to valves and field. Reduce to 1 1/2" Sch 40 PVC pipe w/ 5/32" hole every 5'. 2' of pressure head on each ditch. Drainfield should be shallow w/ consistent cover. Keep lines on contour.

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