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 Byars DATE 7/26/89 PERMIT NO. 18C

PHONE: Business _____ Home 938-1810

LOCATION 150 W. TR Perth TL Normandy ~3/4 mile on R

S. R. No. _____

SUBDIVISION NAME C L and T LOT NO. 1088 SECTION OR BLOCK NO. 11

2P-4-A-68

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

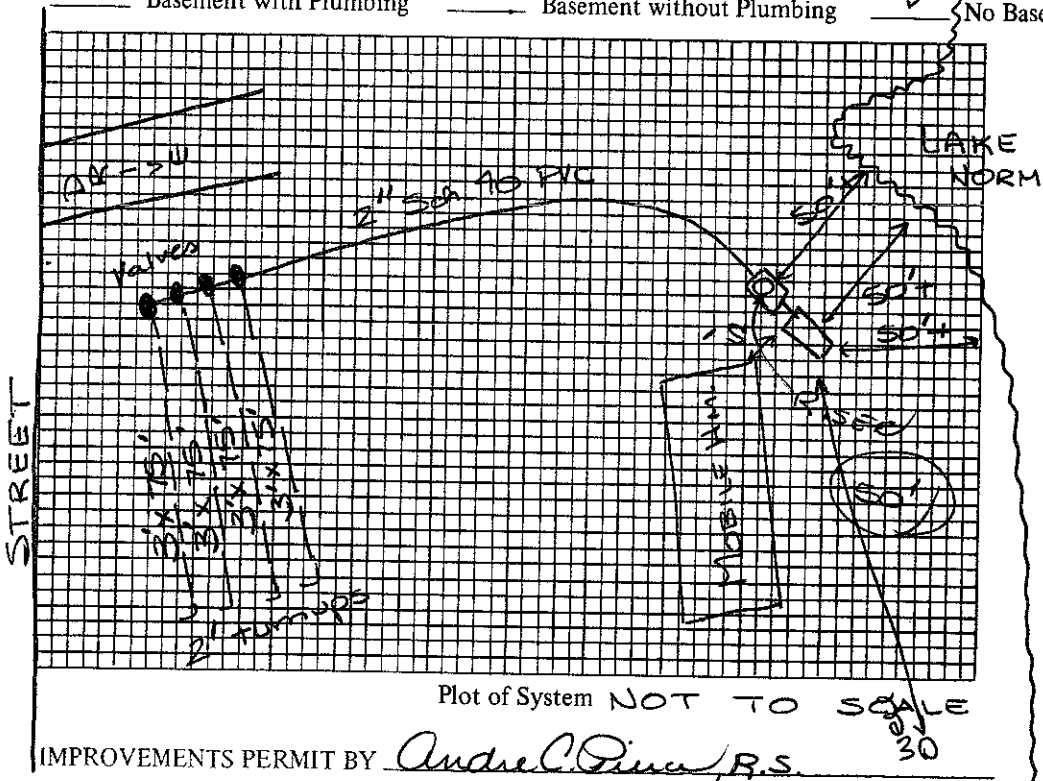
No. Bedrooms 3 No. Bathrooms 2

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 .4gpd/ft²
Topography 8%
Depth to Water Table 4'+
Rock or other impervious formations none observed

Lot Area 20,000 ft²

_____ Basement with Plumbing _____ Basement without Plumbing ✓ No Basement P.T.: 1000 gals



Plot of System NOT TO SCALE

Size of Tank 1000 Gals.

Nitrification Field:
No. of Lines 4
Sq. Ft. 900 Linear Ft. 300
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: X Randy C. Byars

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

COMMENTS: Install drainfield @ a depth of 30" max to bottom of the drainfield ditched. Pump through 2" Schedule 40 PVC through ball valves reducing to 1¼" Sch. 40 PVC w/ 5/32" hole every 5'. Turnup the pipe's end w/ 2' turnup. Pump must deliver 2' head in each ditch

CERTIFICATE OF COMPLETION BY _____ DATE _____

EXISTING SYSTEM CHECKED BY: High water alarm should be mounted and functional. 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