9371

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 12-28-88 PERMIT NO. 18C

PHONE: Business ______ Home 938-1810

LOCATION 150 W. TR Perth TL Nomandy ~ 3/4 mile on R. S. R. No. ______

SUBDIVISION NAME CL 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 .4

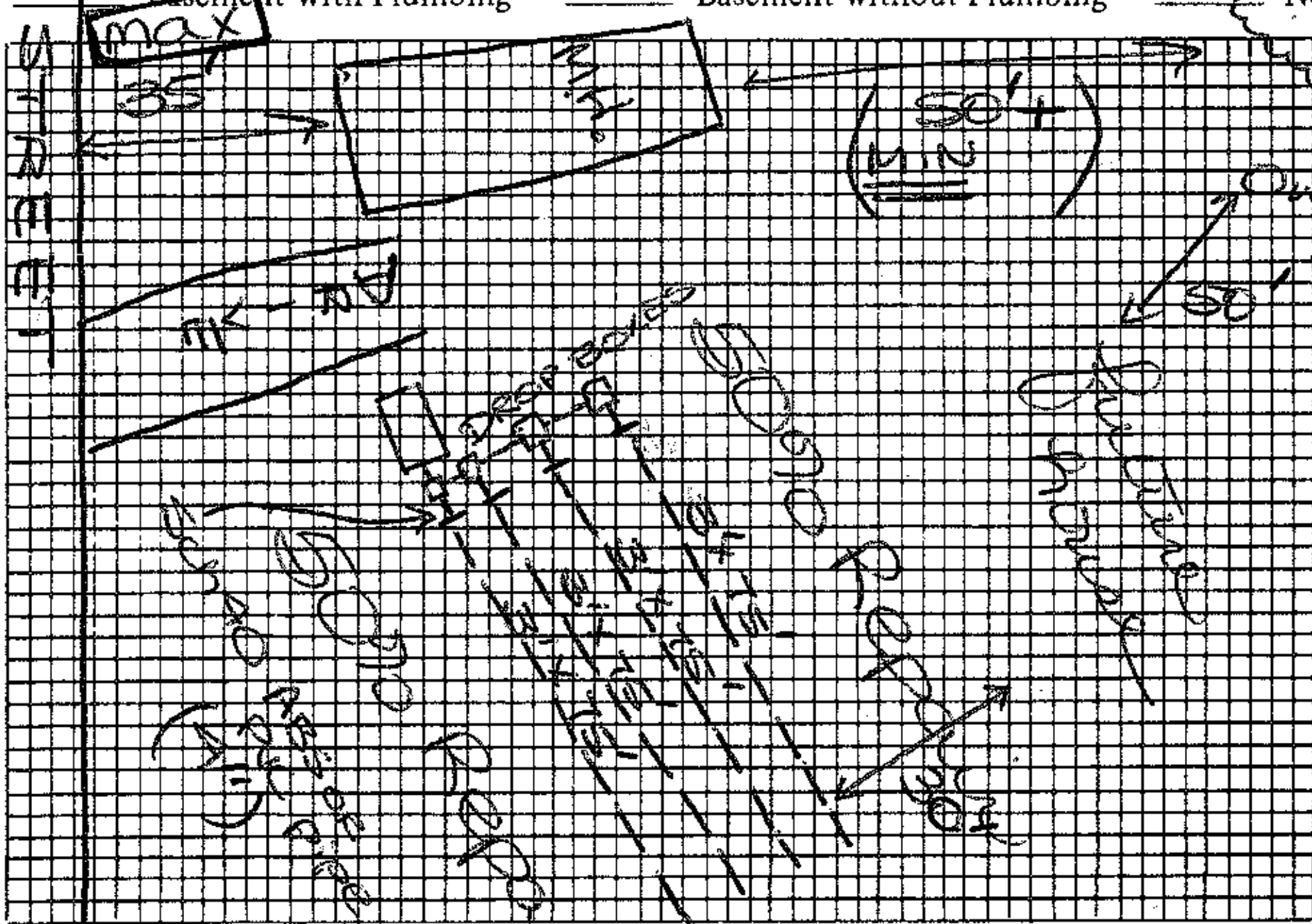
Topography 8%

Depth to Water Table 4'+

Rock or other impervious formations none observed

Lot Area 20,000 ft

Basement with Plumbing ______ Basement without Plumbing ✓ No Basement



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 Byars

Plot of System NOT TO SCALE

IMPROVEMENTS PERMIT BY Andre C. Pierce

COMMENTS: Install system shallow and on contour. STAKE off home and be sure tank can be installed high enough uphill to use the specified drainfield area yet keep shallow installation (30" MAX TO BOTTOM OF DITCH.)

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