4645566270

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 Jay Rhyne DATE 11-30-84 PERMIT NO. 439

PHONE: Business _____ Home _____

LOCATION 215 XL77 TL 1206 ½ mile TR Perrin Drive on left

SUBDIVISION NAME Water's Edge LOT NO. 5 SECTION OR BLOCK NO. _____ S. R. No. _____

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

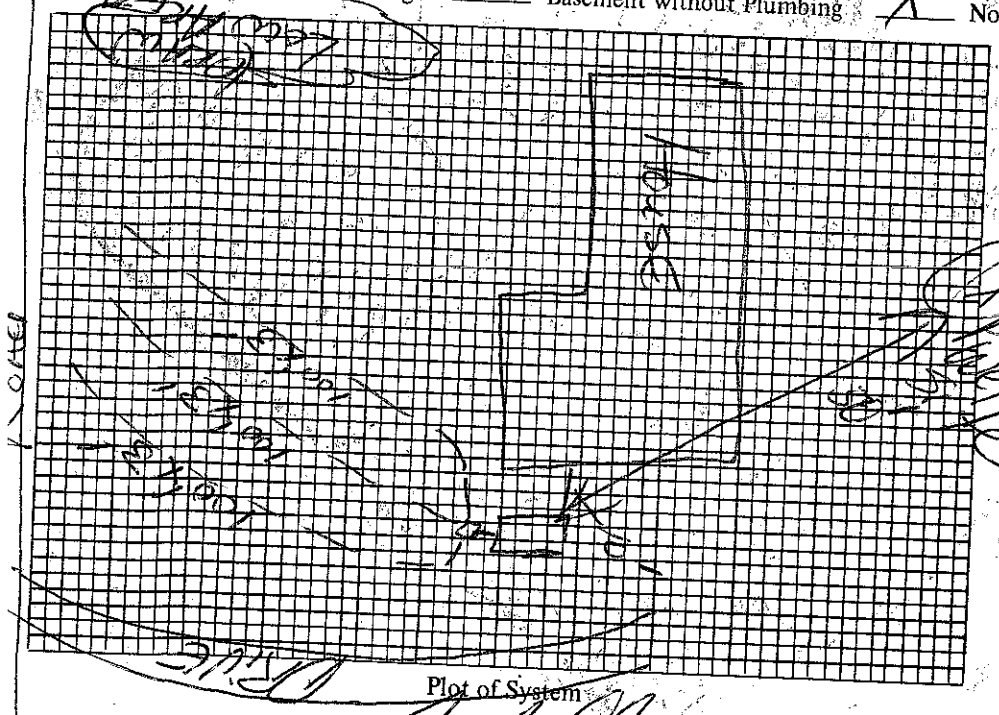
No. Bedrooms 2 No. Bathrooms 1

Garbage Disposal Unit Yes ( ) No X
Auto. Dishwasher Yes X No ( )
Auto. Wash. Machine Yes X No ( )
Site Suitable Yes X No ( )

Character & Porosity of Soil Clay
Percolation Rate 0.4gpf 11-2 day
Topography Slope
Depth to Water Table 4'+
Rock or other impervious formations None obs.

Lot Area 1 Acre Lot Line

Basement with Plumbing _____ Basement without Plumbing _____ No Basement X



Size of Tank 1000 Gals.
Nitrification Field:
No. of Lines 3
Sq. Ft. 900 Linear Ft. 300
Depth of Stone in Lines 12"
Water Supply: Individual X
Public ( )

Installed by Charles Ballard

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

Signed: _____

IMPROVEMENTS PERMIT BY Ted Clemmer

COMMENTS: Surface H2O diversion ditch to be installed above drainfield

CERTIFICATE OF COMPLETION BY Ted Clemmer

EXISTING SYSTEM CHECKED BY: _____ DATE 11-30-84

CONSTRUCTION MUST COMPLY WITH ALL OTHER APPLICABLE STATE AND LOCAL REGULATIONS. DATE _____

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