4646-22-6357

10055

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 James H. Fryar III DATE Aug. 14 '90 PERMIT NO. 2G-9-A-10

PHONE: Business _____ Home _____

LOCATION 21 S. & I77 TL 1206 (Alcove) TR 1110 (Catalina)
TR Malibu Lane ~1/4 mile on Right S. R. No. _____

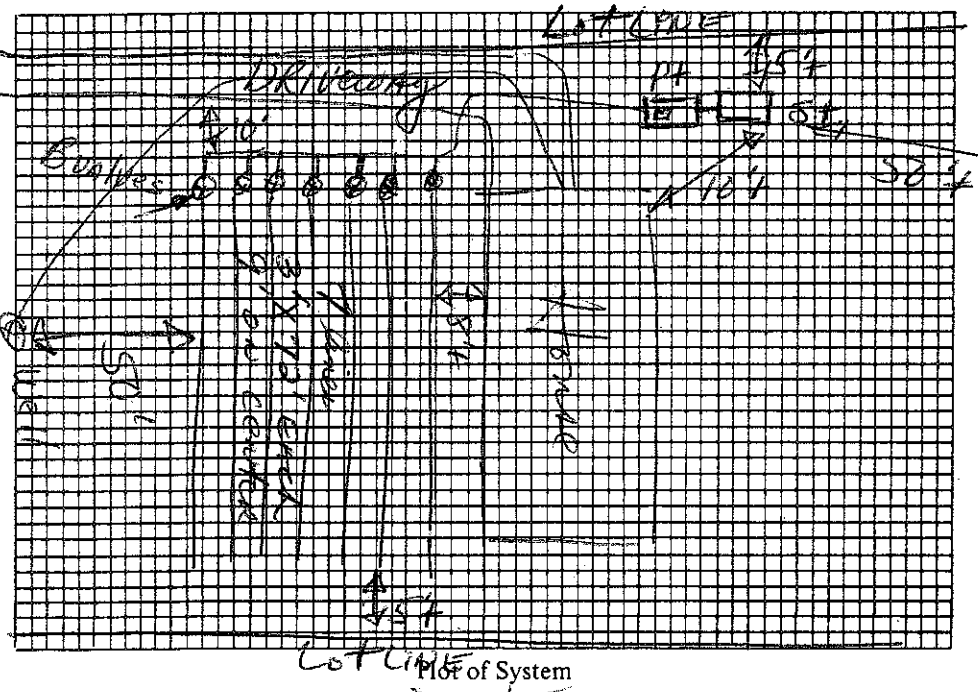
SUBDIVISION NAME Back Forty LOT NO. 10 SECTION OR BLOCK NO. _____

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

No. Bedrooms 4 No. Bathrooms 4
Garbage Disposal Unit Yes (✓) No ( )
Auto. Dishwasher Yes (✓) No ( )
Auto. Wash. Machine Yes (✓) No ( )
Site ~~Suitable~~ PS Yes (✓) No ( )
Lot Area 100' X 230'

Character & Porosity of Soil PS clay
Percolation Rate .35-.4
Topography 4-6%
Depth to Water Table 6'+
Rock or other impervious formations none obs.

✓ Basement with Plumbing ____ Basement without Plumbing ____ No Basement



1500 p.T

Size of Tank 1500 Gals.
Nitrification Field:
No. of Lines 7
Sq. Ft. ~1500 Linear Ft. ~500
Depth of Stone in Lines 12"
Water Supply: Individual (✓)
Public ( )
LAKE

Installed by Mike Leazer

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

Signed: _____

IMPROVEMENTS PERMIT BY DRH

COMMENTS: Alarm tested and working, but not permanently mounted yet. Water line to go down driveway and cross 12"+ above sewer supply line. Well not placed where originally recommended. Repair will require either abandoning well or hooking onto "Malibu Pointe" system.

CERTIFICATE OF COMPLETION BY Operation permit DRH Inspection / EHS DATE 8-14-90

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

10085

3:00

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 James H. Fryar III DATE June 22, '89 PERMIT NO. _____

PHONE: Business _____ Home _____

LOCATION 21 S. X I77, TL 1206 (Alcove) TR 1110 (Catalena Cove) TR Malibu Lane 1/4 mile on Right S. R. No. _____

SUBDIVISION NAME Back Forty LOT NO. 10 SECTION OR BLOCK NO. _____

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

No. Bedrooms 4 No. Bathrooms 4

Garbage Disposal Unit Yes ( ) No (✓)

Auto. Dishwasher Yes (✓) No ( )

Auto. Wash. Machine Yes (✓) No ( )

Site Suitable as Yes (✓) No ( )

Character & Porosity of Soil Clay

Percolation Rate .35 - .4

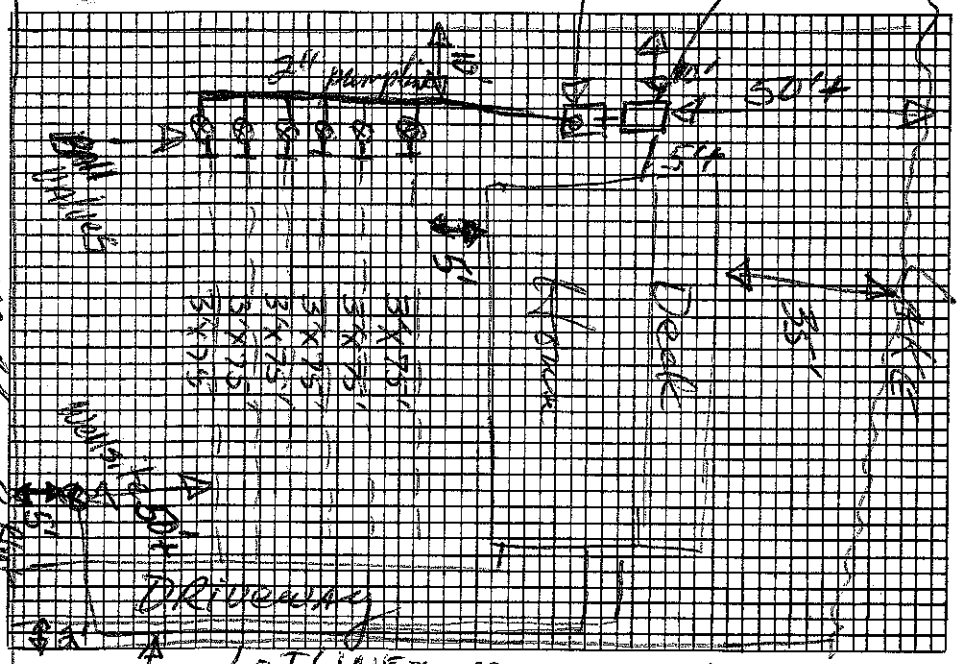
Topography 6-8%

Depth to Water Table 4'+

Rock or other impervious formations none obs.

Lot Area 100' X ~230'

(✓) Basement with Plumbing ____ Basement without Plumbing ____ No Basement



1250 g.t.

Size of Tank 1250 Gals.

Nitrification Field:
No. of Lines 6
Sq. Ft. 1350 Linear Ft. 450
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: J H Fryar III

Pump specs - 37 gal/min at approx. 23' TDH

IMPROVEMENTS PERMIT BY David L. Hinson, R.S.

COMMENTS: Follow contour with drainfield - Trench bottom depth of 30" - Low pressure conventional type drainfield. Use 1½" sch 40 laterals with one "5/32" hole drilled every 5 feet. Two feet pressure head per 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.

8-10-90 Drainfield installed & OK DRH

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