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 Gary Rhyne DATE 8-6-85 PERMIT NO. 340

PHONE: Business _____ Home _____

LOCATION 1109 TR 1191 ½ mile TL Dirt Street on left

S. R. No. _____

SUBDIVISION NAME BONANZA LOT NO. 39 SECTION OR BLOCK NO. _____

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

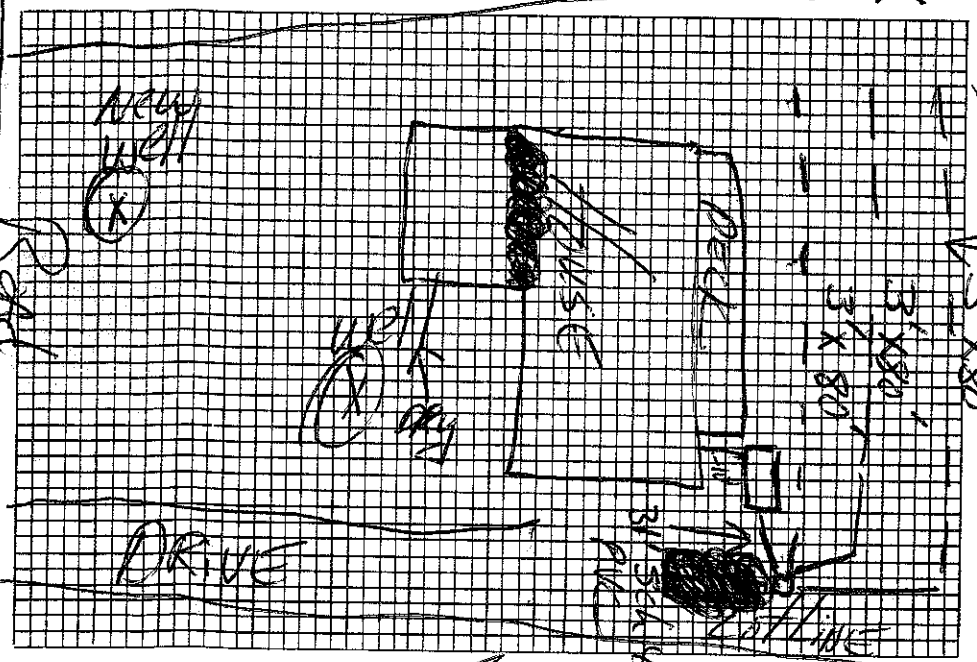
No. Bedrooms 3 No. Bathrooms 2

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

Lot Area 20,000FT2

Character & Porosity of Soil CLAY
Percolation Rate 2-5 80 Ft 1 day
Topography _____
Depth to Water Table 4'
Rock or other impervious formations NONE OBS.

_____ Basement with Plumbing _____ Basement without Plumbing X No Basement



Plot of System

Size of Tank 1000 Gals.

Nitrification Field:
No. of Lines 3
Sq. Ft. 720 Linear Ft. 240
Depth of Stone in Lines 12"

Water Supply: Individual (X)
Public ( )

SOL LAKE

Installed by Bobby Mayhew

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

Signed: _____

IMPROVEMENTS PERMIT BY Mark Clemmer

COMMENTS: 1st well went dry

CERTIFICATE OF COMPLETION BY Mark Clemmer DATE 8-7-85

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