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 ~~T.M. Price~~ / Gary Rhyne DATE 8-15-84 PERMIT NO. 221

PHONE: Business _____ Home _____

LOCATION 150W TR 1109 X Lake TR 1191 ½ mile on R.

S. R. No. _____

SUBDIVISION NAME Bonanza LOT NO. 3 SECTION OR BLOCK NO. _____

House (X) 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 Provisionally Yes (✓) No ( )

Lot Area 34,320'

Character & Porosity of Soil clay loam - clay

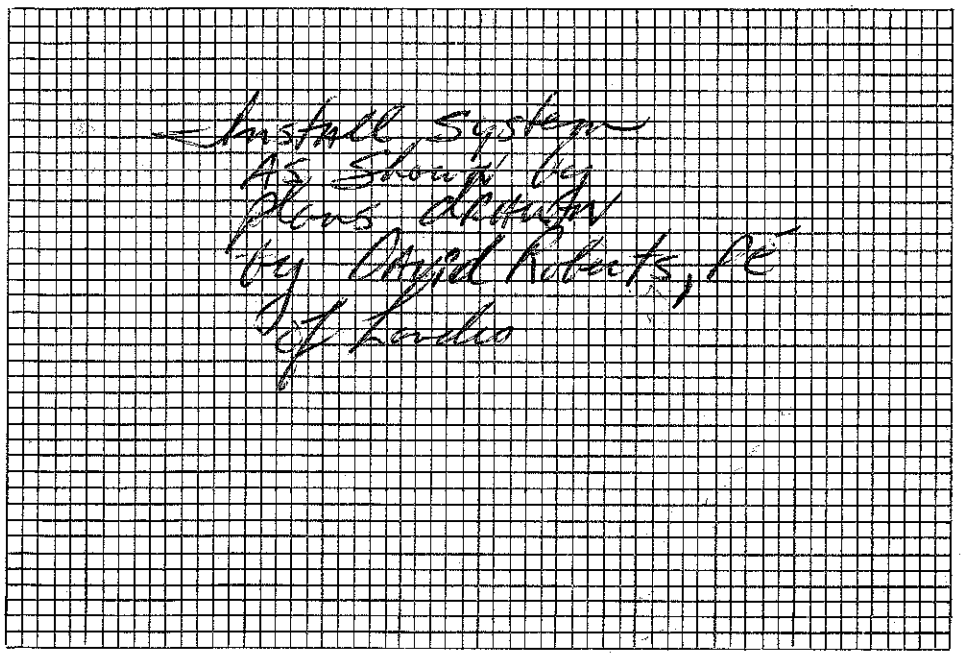
Percolation Rate .29 gal/ft²/day

Topography 6-10%

Depth to Water Table ≥ 30" in some areas

Rock or other impervious formations Saprolite at 30" in some areas

1000 gal pump



Plot of System

Size of Tank 1500 Gals.

Nitrification Field:

No. of Lines 12

Sq. Ft. 2775 Linear Ft. 555

Depth of Stone in Lines 8"

Water Supply: Individual (✓)

Public ( )

Installed by _____

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

Signed: Gary Rhyne

IMPROVEMENTS PERMIT BY Fred Clemmer, Ryall Rhyne

COMMENTS: LPP system due to high or restricted water table in some areas of Lot. Also, some saprolite in areas near house site. Installer shall have system approved at the same time by Dave Roberts, Engineer and Health Dept Sanitarian

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