4649-75-5922

15371

IREDELL COUNTY HEALTH DEPARTMENT

IMPROVEMENT PERMIT AND CERTIFICATE OF COMPLETION / OPERATIONS PERMIT

OWNER OR CONTRACTOR Melody Ann Sellers DATE 12/9/92 PERMIT NO. 4E-3A-243

PHONE: Business _____ Home 663-2454

LOCATION Rankin Hill Rd (L) off South Flower House Loop TL into Palomino Park 2nd & 3rd lots on (R) before creek

SUBDIVISION NAME Palomino Park S.R. No. _____

LOT NO. 243 SECTION OR BLOCK NO. _____

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 ☐

Lot Area ~ 1AC

Soil Characteristics P - c/sc

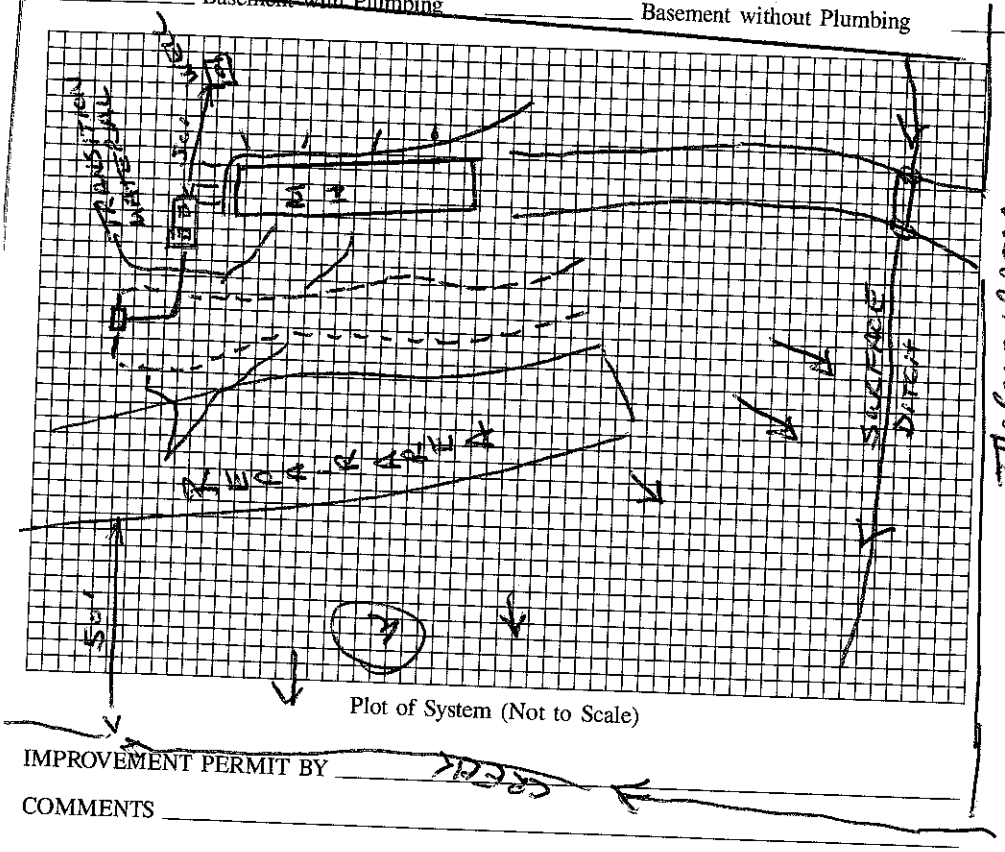
Application Rate P : 3-4 (P, A, WK SBK)

Topography P - 5-9%

Depth to Water Table P > 36" < 48"

Rock or other impervious formations P - 36-38 (TRANS)

_____ Basement with Plumbing _____ Basement without Plumbing _____ No Basement ✓ Crawl Space



Size of Tank 1000 Gals.

Nitrification Field:

No. of Lines 2© 150' x 3'

Sq. Ft. 900 Linear Ft. 300

Depth of Stone in Lines 12"

Water Supply: Individual ☑ Public ☐

Installed by Richard Abernathy

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

Signed: _____

(IMPROVEMENT PERMIT IS VALID FOR 60 MONTHS FROM DATE OF ISSUE.)

IMPROVEMENT PERMIT BY _____

COMMENTS _____

CERTIFICATE OF COMPLETION BY Wesley Sparks RS. DATE 12/9/92

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 unapproved changes are made to the site, and/or if any false information is supplied toward securing Improvement Permit.

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