4649 75 7933:00

IREDELL COUNTY HEALTH DEPARTMENT

1131

(SEPTIC TANK) IMPROVEMENTS PERMIT AND CERTIFICATE OF COMPLETION

(Ground Absorption Sewage Disposal System -- G. S. Chapter 130-Article 13C)

OWNER OR CONTRACTOR Woodrow Stacy DATE ~~8/17/90~~ 9/6/90 PERMIT NO. 4E-3-A-5+6

PHONE: Business _____ Home _____

LOCATION 21 N TL Flowerhouse, TL Rankin Hill On left

SUBDIVISION NAME Palomino Park LOT NO. 5+6 SECTION OR BLOCK NO. _____ S. R. No. _____

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

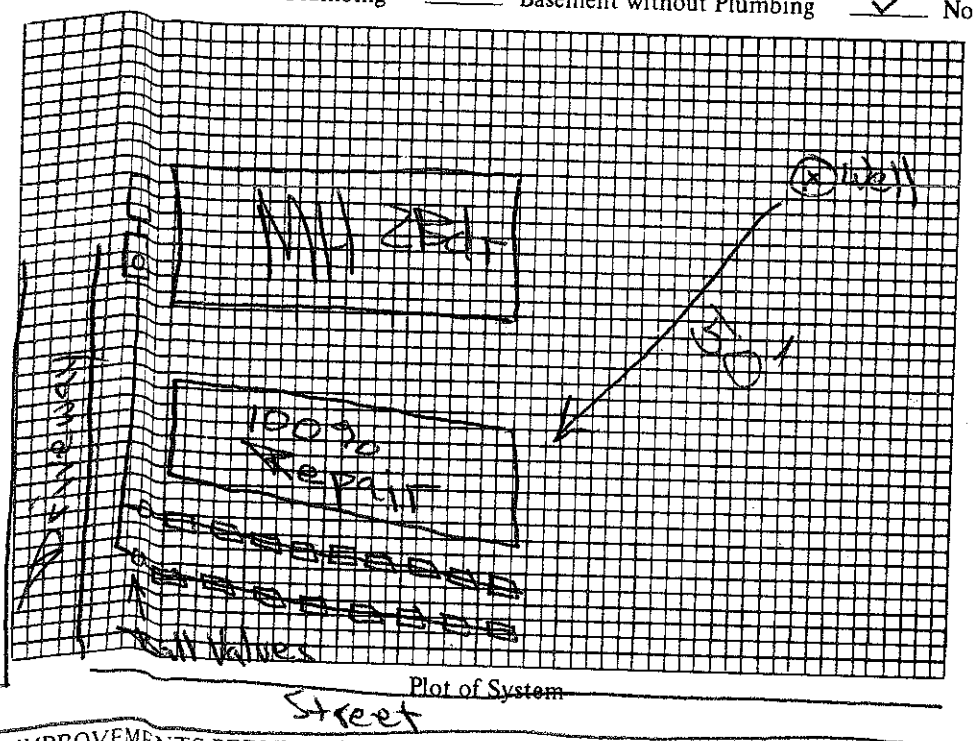
No. Bedrooms 2 No. Bathrooms 2

Garbage Disposal Unit	Yes ( )	No (✓)	Character & Porosity of Soil ps clay
Auto. Dishwasher	Yes ( )	No (✓)	Percolation Rate ~2-3
Auto. Wash. Machine	Yes (✓)	No ( )	Topography 1-5%
Site Suitable	Yes ( )	No ( )	Depth to Water Table +31
			Rock or other impervious formations none obs.

Lot Area _____

Area of drainfield 1000 SF

_____ Basement with Plumbing _____ Basement without Plumbing ✓ No Basement



Size of Tank 1000 Gals.

Nitrification Field:
No. of Lines 2
Sq. Ft. _____ Linear Ft. 140'
Depth of Stone in Lines 12"
Water Supply: Individual (✓) 16" Panel
Public ( )

Installed by Darrell Orbison
Hudler set floats

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

Signed: _____

IMPROVEMENTS PERMIT BY _____

COMMENTS: Well ~~not~~ installed at time of final

Operation

CERTIFICATE OF COMPLETION BY Sam Ingram EH&S 9/6/90

EXISTING SYSTEM CHECKED BY: _____ DATE ~~8/17/90~~

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