1731

4:00

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 Woodrow Stacy DATE 7/11/90 PERMIT NO. 4E-3-A-5

PHONE Business _____ Home _____

LOCATION 21 N TL Flowerhouse, TL Rankin Hill On left

SUBDIVISION NAME Palomino Park LOT NO. 546 S. R. No. _____ SECTION OR BLOCK NO. _____

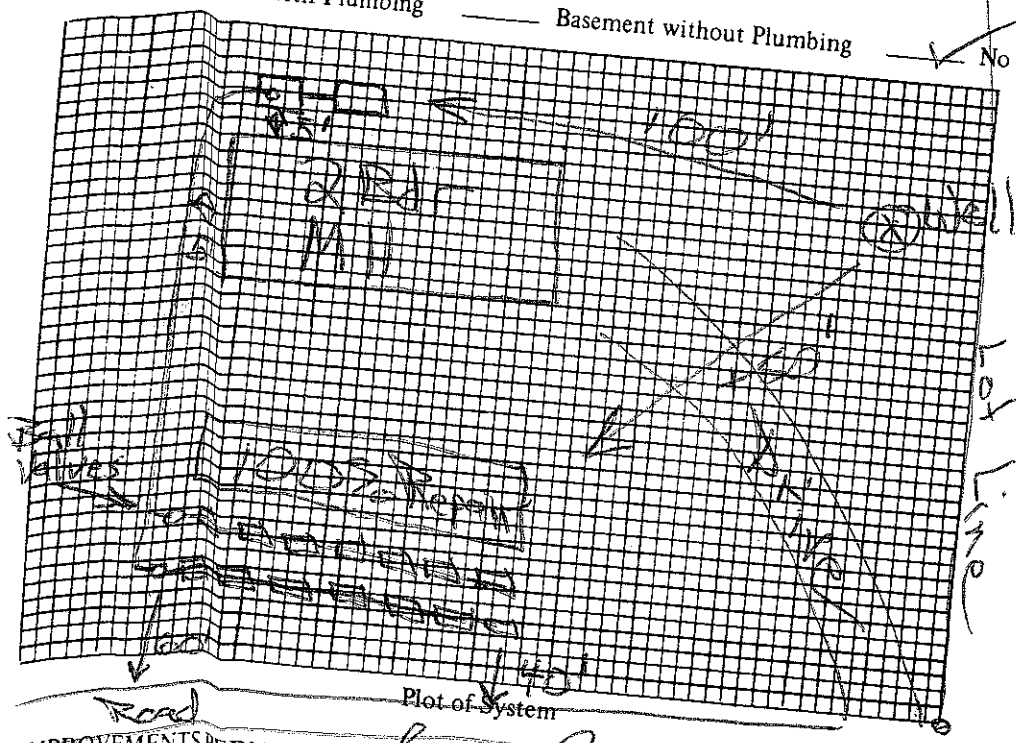
House ( ) Mobile Home (✓) Business ( ) Other _____

No. Bedrooms 2 No. Bathrooms 2

Garbage Disposal Unit	Yes ( )	No (✓)	Character & Porosity of Soil Area of drainfield
Auto. Dishwasher	Yes ( )	No (✓)	Percolation Rate 2 day
Auto. Wash Machine	Yes (✓)	No ( )	Topography 2 - 3 gpd/Ave
Site ~~Suitable~~	Yes ( )	No ( )	Depth to Water Table 1 - 5½'
			Rock or other impervious formations + 3' none obs.

Lot Area _____

_____ Basement with Plumbing _____ Basement without Plumbing ✓ No Basement



1000 FT

Size of Tank 1000 Gals.

Nitrification Field:

No. of Lines 2@70'

Sq. Ft. _____ Linear Ft. 140'

Depth of Stone in Lines 1'

Water Supply: Individual (✓) Pane 16"

Public ( )

Installed by _____

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

Signed: Agent

32 Panels

IMPROVEMENTS PERMIT BY Sam Ingram EHS

COMMENTS: 112' Sch 40 2" Supply Line

15 gpm 19' TDH 1 5/32" Hole per pane ← 1 Hole per pane 5/32"

6" cover maximum over system

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