14124

4649-76-7555

IREDELL COUNTY HEALTH DEPARTMENT

IMPROVEMENT PERMIT AND CERTIFICATE OF COMPLETION / OPERATIONS PERMIT

OWNER OR CONTRACTOR Tony Moore

PHONE: Business _____ Home 478-4944 DATE 7/24/92 PERMIT NO. 4E-3-A-7

LOCATION _____

SUBDIVISION NAME Palomino Park LOT NO. 70 S.R. No. _____ 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 20,000 FT2

Soil Characteristics P-C / SIC TRANS.

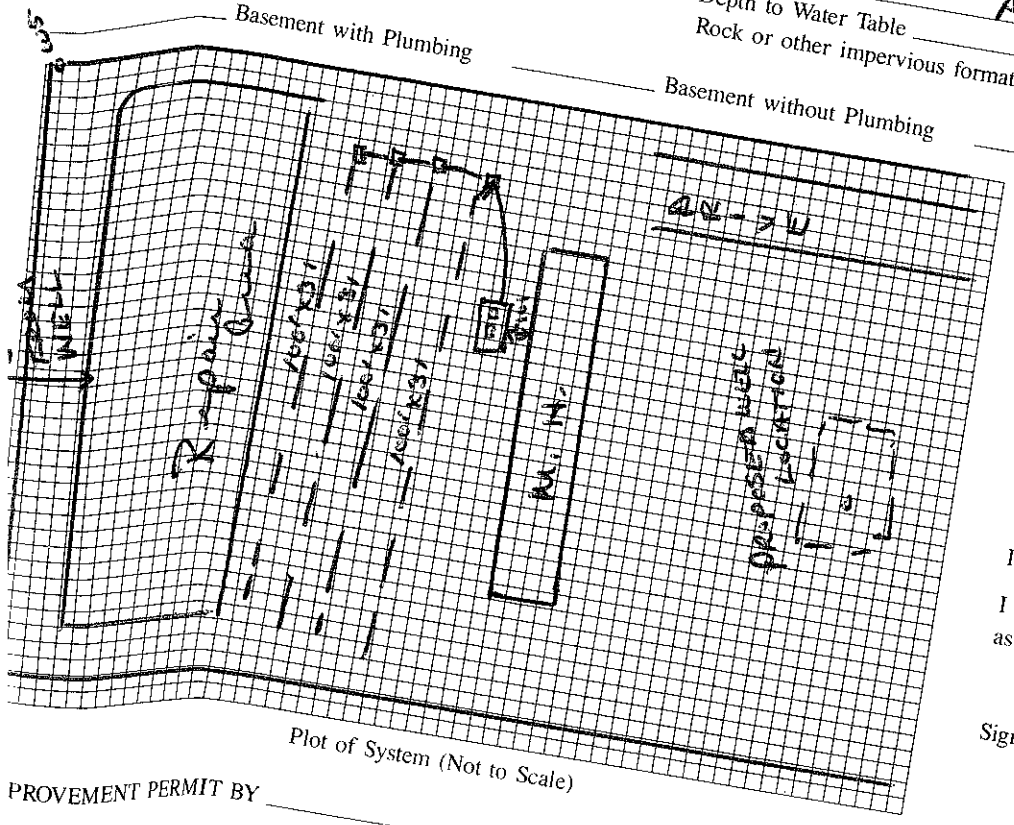
Application Rate P - 3 (wk, F, SP)

Topography P - 2-4%

Depth to Water Table S > 48"

Rock or other impervious formations S - cobble

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



Plot of System (Not to Scale)

Size of Tank 1000 Gals.

Nitrification Field:

No. of Lines 4 @ 100' x 3'

Sq. Ft. 1200 Linear Ft. 400

Depth of Stone in Lines 12-18"

Water Supply: Individual ☑ NOT DRILLED YET

Public ☐

Installed by Clyde Young.

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.)

PROVEMENT PERMIT BY _____

MMENTS _____

TIFICATE OF COMPLETION BY _____

TING SYSTEM CHECKED BY Wesley Sparks RS. DATE 7/24/92

CONSTRUCTION MUST COMPLY WITH ALL OTHER APPLICABLE STATE AND LOCAL REGULATIONS

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 ation is supplied toward securing Improvement Permit. DATE _____

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

14124

IREDELL COUNTY HEALTH DEPARTMENT

IMPROVEMENT PERMIT AND CERTIFICATE OF COMPLETION / OPERATIONS PERMIT

OWNER OR CONTRACTOR Tony Moore

PHONE: Business _____ Home 478-4944 DATE 2/21/92 PERMIT NO. 4E-3-A-90

LOCATION Rankin Hill Rd, TL into Palomino Park (FL) to top of hill on (R)

SUBDIVISION NAME Palomino Park S.R. No. _____

LOT NO. 70 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 20,000 FT2

Soil Characteristics P - sc/sic (ms)

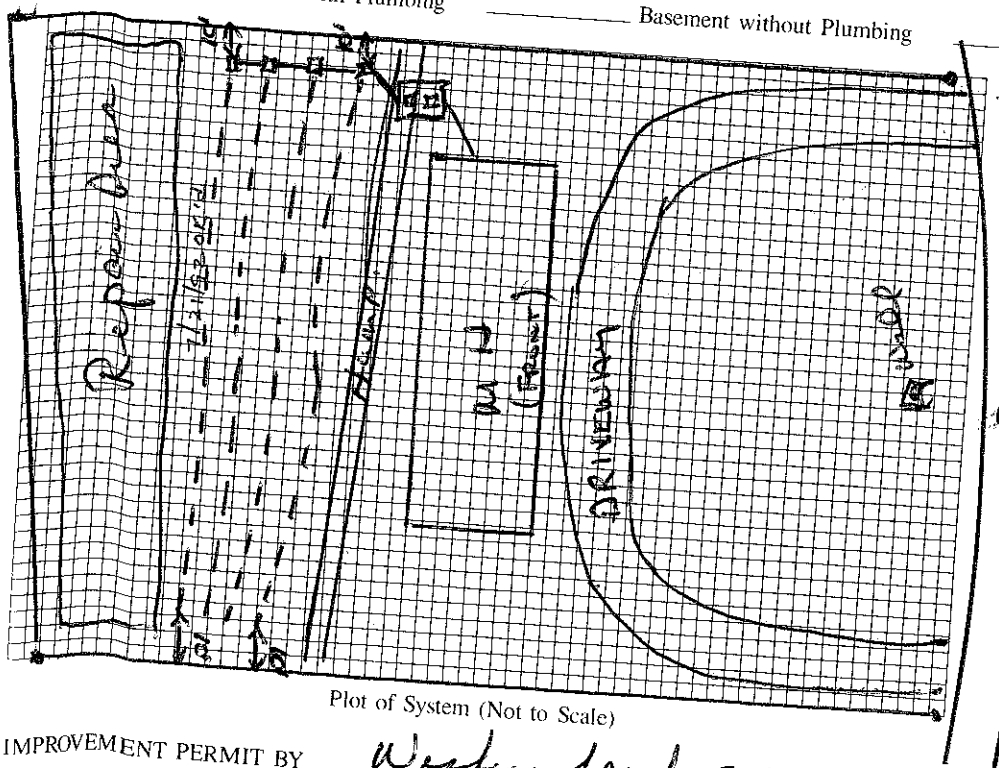
Application Rate .3

Topography 2-4%

Depth to Water Table > 48"

Rock or other impervious formations P - lots of cobbly stones

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



Plot of System (Not to Scale)

Size of Tank 1000 Gals.

Nitrification Field:

No. of Lines 4 @ 100' x 3'

Sq. Ft. 1200 Linear Ft. _____

Depth of Stone in Lines 12"

Water Supply: Individual ☑ Public ☐

Installed by _____

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

Signed: + Tony A Moore SR.

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

IMPROVEMENT PERMIT BY Wesley Sparks RS

COMMENTS Trenches no deeper than 30" to trench bottom. Trenches on slope contour in deviation shown. Well to front of lot as shown here.

CERTIFICATE OF COMPLETION BY _____

EXISTING SYSTEM CHECKED BY _____ DATE _____

CONSTRUCTION MUST COMPLY WITH ALL OTHER APPLICABLE STATE AND LOCAL REGULATIONS DATE _____

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