4649-76-8768

14611

IREDELL COUNTY HEALTH DEPARTMENT

IMPROVEMENT PERMIT AND CERTIFICATE OF COMPLETION / OPERATIONS PERMIT

OWNER OR CONTRACTOR Steven L Holland DATE 5/27/92 PERMIT NO. 4E 3A 72

PHONE: Business _____ Home _____

LOCATION Rankin Hill Rd off Flower House Loop, TL into park, 1st (L) to 3rd lot on (R) from intersection

SUBDIVISION NAME Palomino Park S.R. No. _____

LOT NO. 72 SECTION OR BLOCK NO. _____

House ☐ Mobile Home ☑ Business ☐ Other _____

No. Bedrooms 2 No. Bathrooms 2

Garbage Disposal Unit Yes ☐ No ☑

Auto. Dishwasher Yes ☑ No ☐

Auto. Wash. Machine Yes ☑ No ☐

Lot Area 125' x 241'

Soil Characteristics P - C

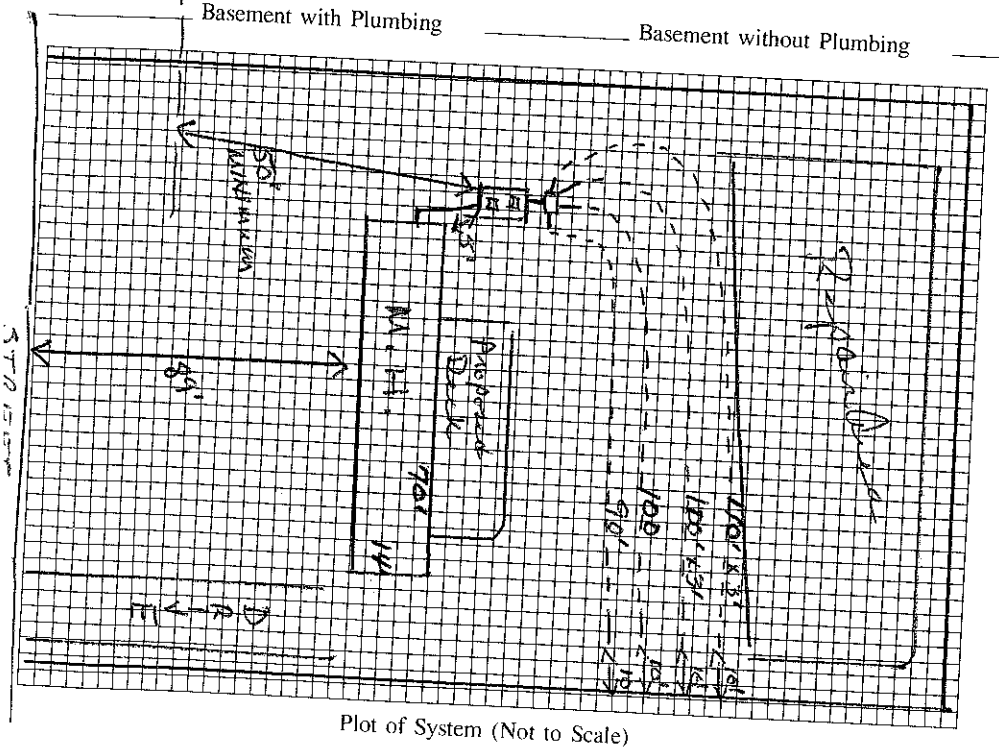
Application Rate P - .3 (60 -)

Topography P - 2%

Depth to Water Table 5 - >48"

Rock or other impervious formations 5 - None observed

_____ 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"

Water Supply: Individual ☑ on lot 73

Public ☐

Installed by James Hudler

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 DRH

COMMENTS Drilled well to be 50' minimum from all septic tanks and drainfields around this lot. Distribution box used as shown here. Trailer not on lot; must be 5' minimum from tank and drainlines.

CERTIFICATE OF COMPLETION BY Wesley Sparks RS. DATE 5/27/92

EXISTING SYSTEM CHECKED BY Wesley 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

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IREDELL COUNTY HEALTH DEPARTMENT

IMPROVEMENT PERMIT AND CERTIFICATE OF COMPLETION / OPERATIONS PERMIT

OWNER OR CONTRACTOR Steven L. Holland DATE May 15, '92 PERMIT NO. 4E3A72

PHONE: Business _____ Home _____

LOCATION 115-21 N. TL 1312 TL 1311 TL into Palomino Park
1st left top of hill on right

SUBDIVISION NAME Palomino Park LOT NO. 72 S.R. No. _____ SECTION OR BLOCK NO. _____

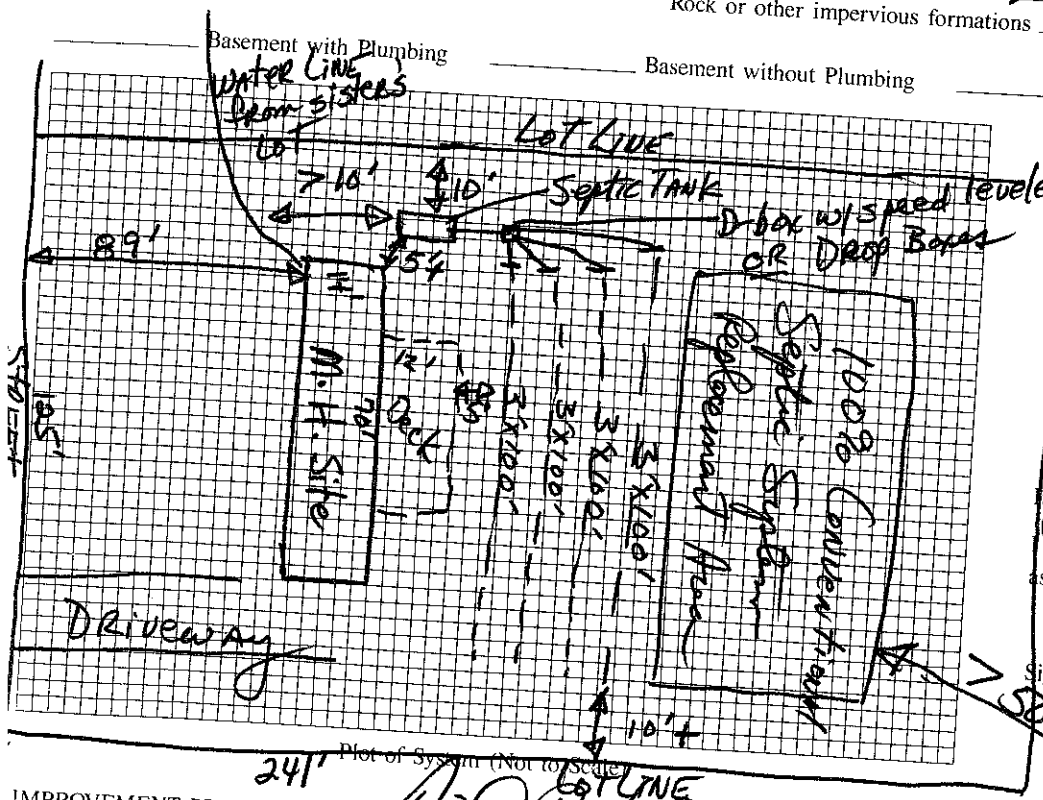
House ☐ Mobile Home ☑ Business ☐ Other _____

No. Bedrooms 2 No. Bathrooms 2

Garbage Disposal Unit Yes ☐ No ☑
Auto. Dishwasher Yes ☑ No ☐
Auto. Wash. Machine Yes ☑ No ☐
Lot Area 125' x 241'

Soil Characteristics PS clay
Application Rate .3-.4
Topography ~4%
Depth to Water Table > 4'
Rock or other impervious formations None obs.

_____ 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
Sq. Ft. 1200 Linear Ft. 400
Depth of Stone in Lines 12"
Water Supply: Individual ☑ from Adjacent lot (sisters)
Public ☐

Installed by _____

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

Signed: Steven L. Holland

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

IMPROVEMENT PERMIT BY Jackie R. Hinson, RS.

COMMENTS Owner desires 3 bedroom septic system, follow contour with drainfield. 36" maximum trench bottom depth. ST contractor can use drop boxes or flow dividers instead of single D-box if desired.

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