4649-76-9989

13134

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 Paul Wellons DATE 8/19/91 PERMIT NO. 4E-5-A-74

PHONE: Business _____ Home _____

LOCATION _____

S. R. No. _____

SUBDIVISION NAME Palomino Park LOT NO. 74 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	( )	
Site Suitable	Yes	(✓)	No	( )	

Lot Area 20,000 SQ FT

Character & Porosity of Soil P-firm, AA

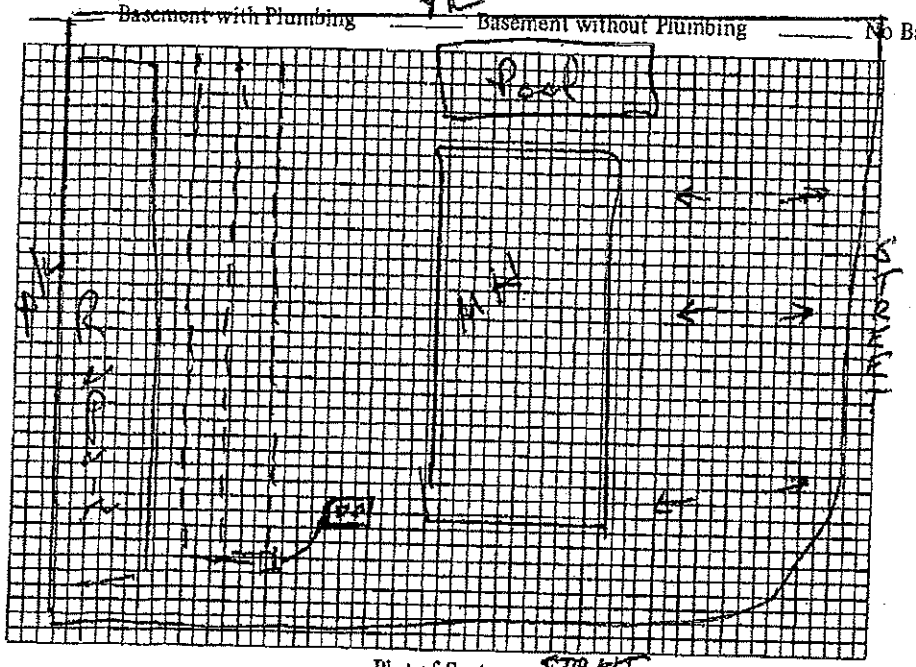
Percolation Rate 13

Topography Lots

Depth to Water Table 74811

Rock or other impervious formations None found

~~Basement with Plumbing~~ ___ Basement without Plumbing ___ No Basement



Plot of System S/T & L

Size of Tank 1250 Gals.

Nitrification Field:

No. of Lines 3 @ 130 x 3'

Sq. Ft. 1200 Linear Ft. 400

Depth of Stone in Lines 12"

Water Supply: Individual (✓)

Public ( )

Installed by Mike League

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

Signed: _____

IMPROVEMENTS PERMIT BY _____

COMMENTS: Tank depth 34" – S/T location changed to accomodate pool site. Repair area at back of property.

CERTIFICATE OF COMPLETION BY Wesley Sparks E.S. DATE 8/19/91

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

PERMITS/INSP PAYMENT
COUNTY OF IREDELL
PO BOX 788
200 SOUTH CENTER STREET
STATESVILLE NC 28687

RECEIPT# 319788

DATE: 01/15/14 TIME: 11:53
CLERK: dwilliams
PAID BY: AYALA GINGER

APPLICATION #: 201219

PERMIT ALLOCATION:

1	104563 472223 PZOI	75.00	Zoning Permits
1	104563 460450 PZOI	2.25	Technology Fee - Planning
1	10492751 447004 47472 PEHSA	40.00	In Office Septic Rev & Plan Ap

TOTAL RECEIPT AMOUNT: 117.25

AMOUNT PAID: 117.25
PAID BY: AYALA GINGER
PAYMENT METHOD: CASH
APPLICATION #: 201219

AMT TENDERED: 117.25
AMT APPLIED: 117.25
CHANGE: .00