16142

IREDELL COUNTY HEALTH DEPARTMENT

IMPROVEMENT PERMIT AND CERTIFICATE OF COMPLETION / OPERATIONS PERMIT

OWNER OR CONTRACTOR Jerry L Wilson DATE 4/27/93 PERMIT NO. 4E-3

PHONE: Business _____ Home _____

LOCATION Colt Ln. - Palomino Park

SUBDIVISION NAME Palomino Park LOT NO. 53 S.R. No. _____ SECTION OR BLOCK NO. _____

House ☐ Mobile Home ☑ Business ☐ Other _____

No. Bedrooms 2 No. Bathrooms 1.5

Garbage Disposal Unit Yes ☐ No ☑

Auto. Dishwasher Yes ☑ No ☐

Auto. Wash. Machine Yes ☑ No ☐

Lot Area 720,000 FT²

Soil Characteristics P-2/c2/c

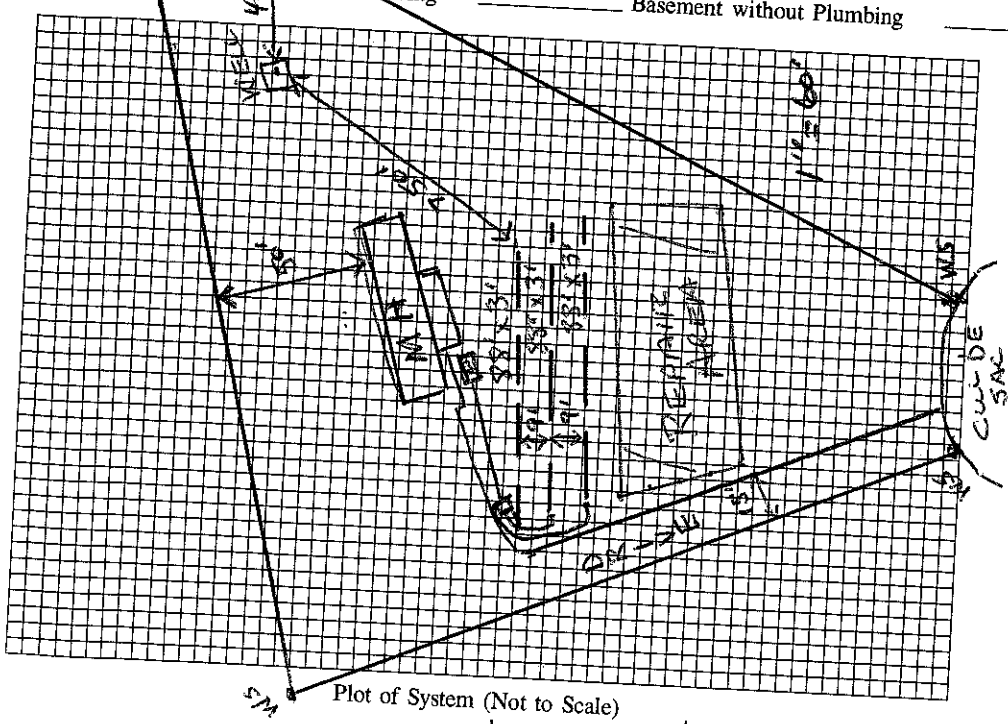
Application Rate P-.3-.35 (SP, S, SF)

Topography P-4-7%

Depth to Water Table S > 48"

Rock or other impervious formations S - NONE OBSERVED

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



Size of Tank 1000 Gals.

Nitrification Field:

No. of Lines 3 @ 88' X 3'

Sq. Ft. 792 Linear Ft. 264

Depth of Stone in Lines 12"

Water Supply: Individual ☑ NOT DRILLED YET

Public ☐

NTL705

Installed by _____

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

Signed: X _____

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

IMPROVEMENT PERMIT BY Wesley Sparks RS.

COMMENTS Keep trenches shallow - no deeper than 36" to trench bottom. 10' inside right side property line and out of 15' driveway. Tight for space - call H.D. if there are any questions

CERTIFICATE OF COMPLETION BY _____

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 unapproved changes are made to the site, and/or if any false information is supplied toward securing Improvement Permit. _____ DATE _____

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