IREDELL COUNTY HEALTH DEPARTMENT

14315

IMPROVEMENT PERMIT AND CERTIFICATE OF COMPLETION / OPERATIONS PERMIT

OWNER OR CONTRACTOR Jeff Perry DATE 4/3/92 PERMIT NO. 4E-3-A-77

PHONE: Business _____ Home 664-9153

LOCATION Rankin Hall Rd

S.R. No. _____

SUBDIVISION NAME Paloma Park LOT NO. 77 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+ Sq Ft

Soil Characteristics P c/c/sc

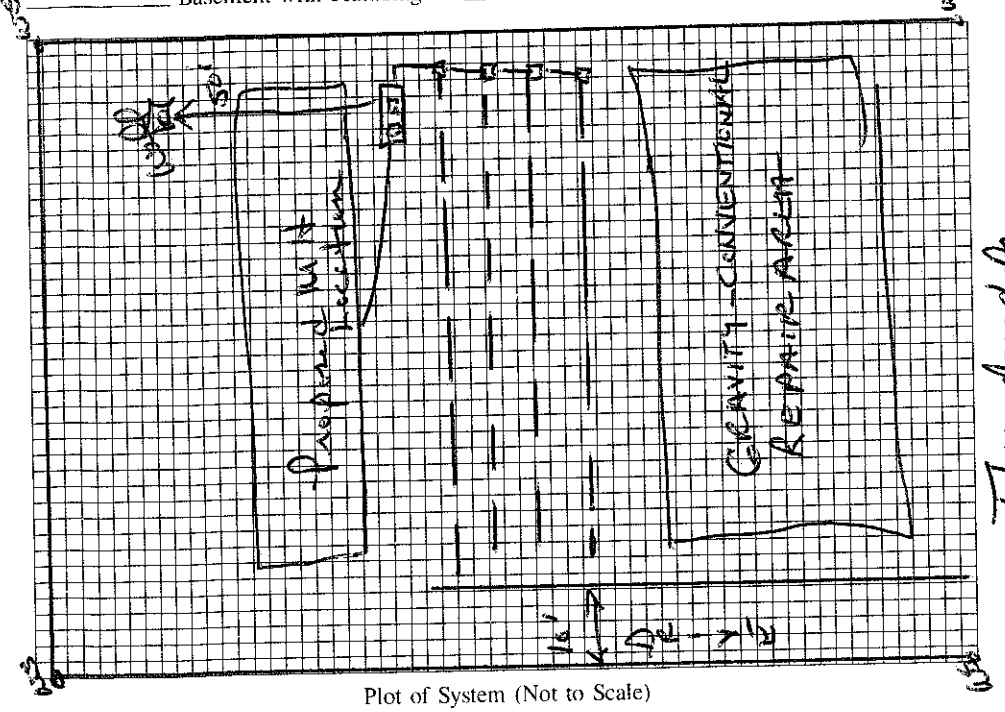
Application Rate .35

Topography 2-3%

Depth to Water Table >48"

Rock or other impervious formations None found

_____ 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@95'x3'

Sq. Ft. 1520 Linear Ft. 340

Depth of Stone in Lines 12"

Water Supply: Individual ☑ NOT DRILLED YET

Public ☐

Installed by Richard Abernathy

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 _____

COMMENTS _____

CERTIFICATE OF COMPLETION BY Wesley Sparks R.S. DATE 4/5/92

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.

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

14315

IREDELL COUNTY HEALTH DEPARTMENT

IMPROVEMENT PERMIT AND CERTIFICATE OF COMPLETION / OPERATIONS PERMIT

OWNER OR CONTRACTOR Jeff Perry

PHONE: Business _____ Home 664-9153 DATE 3/24/92 PERMIT NO. 4E-3-A-7

LOCATION Rankin Hill Rd, TL into Palomino straight to lot 77 on (L) in Center section

SUBDIVISION NAME Palomino Park LOT NO. 77 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 _____

Soil Characteristics P-cl/c/sc

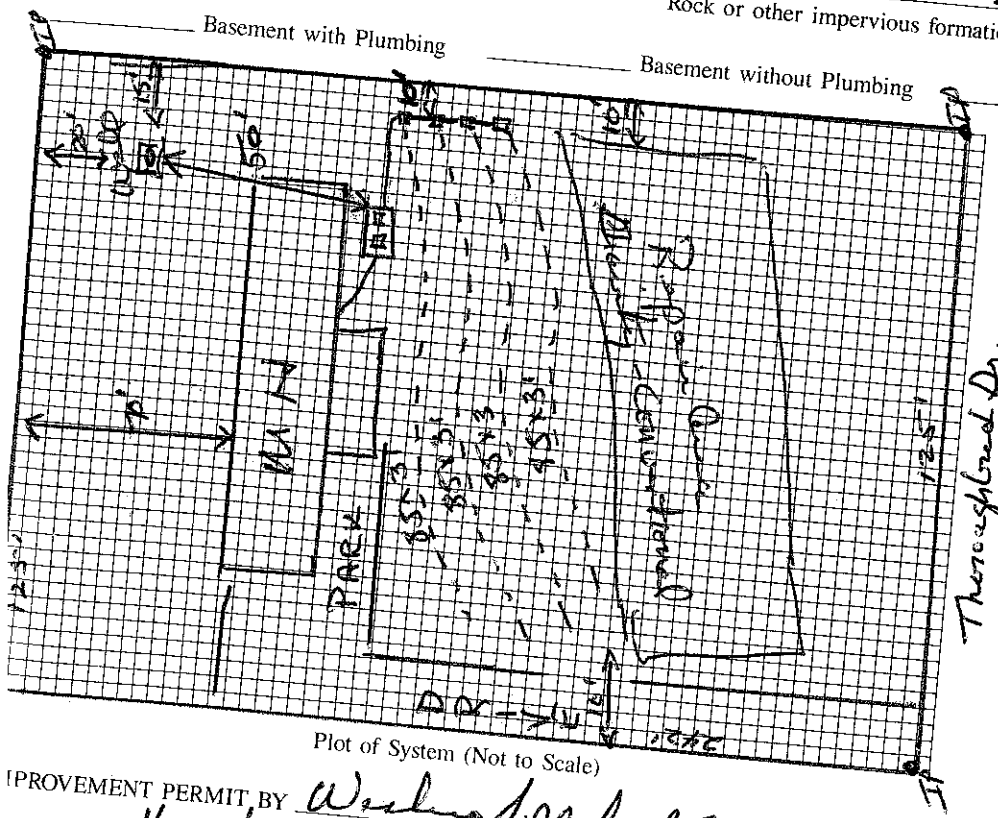
Application Rate .35

Topography 2-3%

Depth to Water Table >48"

Rock or other impervious formations 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 @ 85' x 3'

Sq. Ft. 1020 Linear Ft. 340

Depth of Stone in Lines 12"

Water Supply: Individual ☑ NOT IN YET

Public ☐

Installed by _____

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

Signed: X Jeff P Perry

(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" trench bottom. Drop boxes used as drawn here. Trenches must follow slope contour lines, installed as level as possible.

CERTIFICATE OF COMPLETION BY _____

SYSTEM CHECKED BY _____ DATE _____

CONSTRUCTION MUST COMPLY WITH ALL OTHER APPLICABLE STATE AND LOCAL REGULATIONS

_____ DATE _____

This 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