IREDELL COUNTY HEALTH DEPARTMENT

STATESVILLE 704-878-5305 MOORESVILLE 704-664-5281

IMPROVEMENT PERMIT / CERTIFICATE OF COMPLETION / OPERATION PERMIT / EXISTING SYSTEM INSPECTION

PROPERTY DESCRIPTION NO. 20896 DATE 4/21/95 TAX MAP NO. 4E-3-A-77

OWNER OR CONTRACTOR Jeff Perry PHONE: Business 4649-86-0526 Home 528-9062 Watershed: ☐ Yes ☑ No

ADDRESS Rt 1 Box 121 Palomino Park Trentman N.C.

LOCATION Rankin Hill Rd. R Straight on ① in center section

SUBDIVISION Palomino Park BLOCK / SECTION ____ LOT 77 LOT AREA ~.75ac SITE CLASS. P DESIGN FLOW 360 L.T.A.R. .35

Septic Tank: 1000 Gallons; STB ____ Date ____

Pump Tank: ____ Gallons; PT ____ Date ____

Pump Make: ____ Model ____ Serial No. ____

Nitrification Field: No Fields 1 Square Feet 1620 Linear Feet 340

No Lines 4 Trench Width 36" Max Trench Bottom Depth ____ Gravel Depth ____

☐ New System ☐ Repair System Type: ☑ I, II, III, IV, V, VI

System Description: CONV - DROP BOX

Repair System Description: ____

Maintenance Agreement Required: ☐ Yes ☑ No

☐ House/Mod. Home ☑ Mobile Home ☐ Business ☐ Other

No. Bedrooms 3 No. Bathrooms 2 No. Employees ____

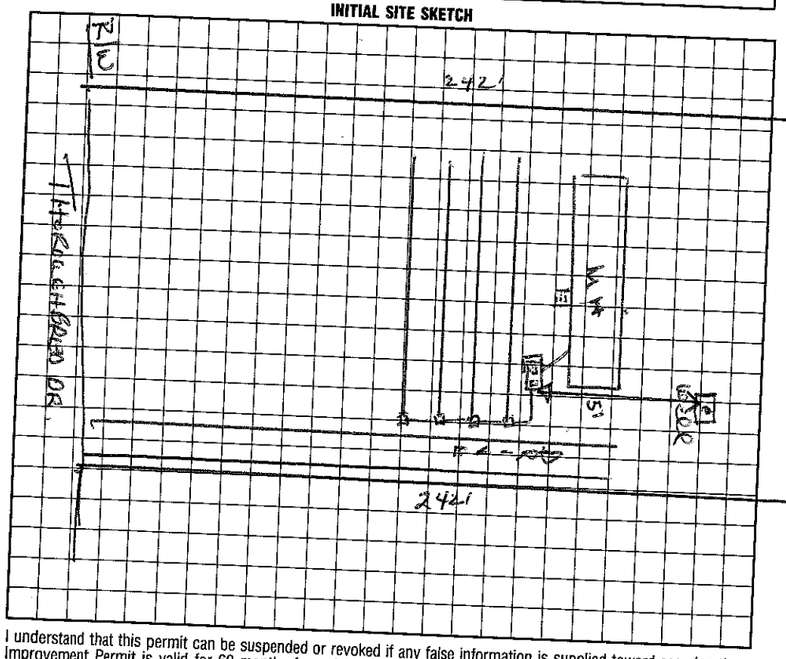
☐ Slab ☐ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☑ Individual ☐ Community ☐ Public

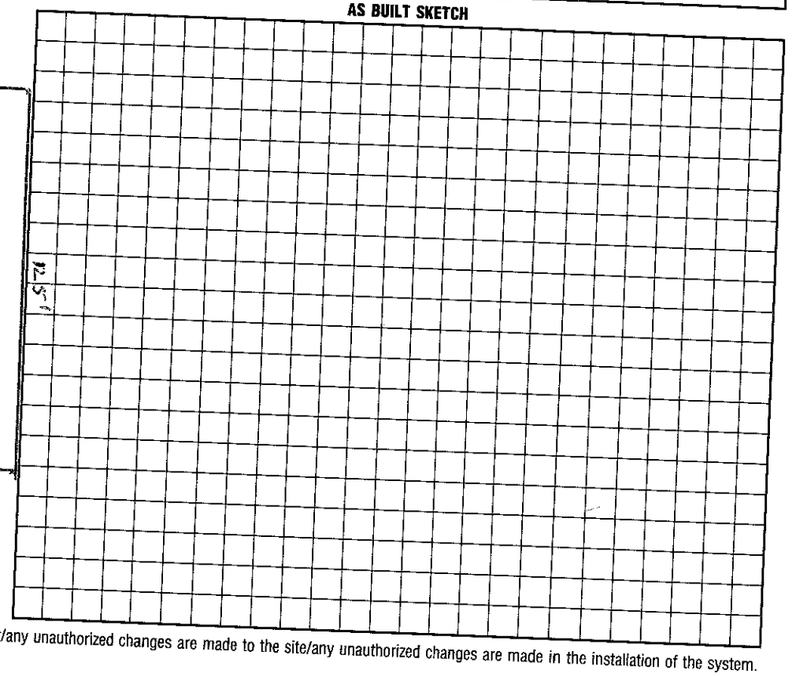
Comments:

Comments:

INITIAL SITE SKETCH



AS BUILT SKETCH



I understand that this permit can be suspended or revoked if any false information is supplied toward securing the permit/any unauthorized changes are made to the site/any unauthorized changes are made in the installation of the system. Improvement Permit is valid for 60 months from date of issuance.

Signed: ____

Improvement Permit by: ____ date ____

Existing System Inspection by: Wesley Sparks RS. date 4/21/95

Installed by: ____

Certificate of Completion by: ____ date ____

Operation Permit by: ____ date ____

HEALTH DEPT. COPY: WHITE INSPECTION COPY (FINAL): GREEN OWNER COPY (FINAL): YELLOW INSPECTION COPY (INITIAL): PINK OWNER COPY (INITIAL): GOLD