4649-87-3247

14578

# IREDELL COUNTY HEALTH DEPARTMENT

## IMPROVEMENT PERMIT AND CERTIFICATE OF COMPLETION / OPERATIONS PERMIT

OWNER OR CONTRACTOR Robert Plyler DATE 1/7/93 PERMIT NO. 4E 3A 18+19

PHONE: Business _____ Home _____

LOCATION Rankin Hill Rd, TL into park, TL 1st road, on (R) before Xing creek S.R. No. _____

SUBDIVISION NAME Palomino Park LOT NO. 18+19 COMBINED SECTION OR BLOCK NO. _____

House ☐ Mobile Home ☑ (14'x70') Business ☐ Other _____

No. Bedrooms 3 No. Bathrooms 2

Garbage Disposal Unit Yes ☐ No ☑

Auto. Dishwasher Yes ☑ No ☐

Auto. Wash. Machine Yes ☑ No ☐

Lot Area ~1AC

Soil Characteristics P - C

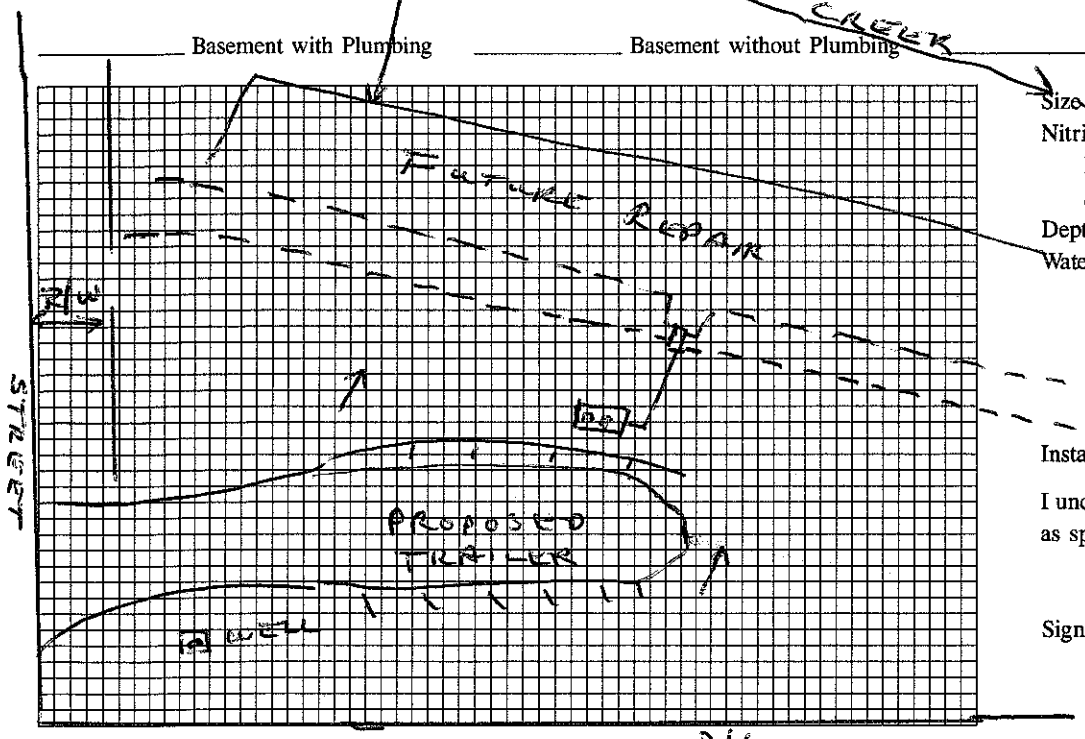
Application Rate P .3-.35 (S,SP - FINE)

Topography P - 12-15%

Depth to Water Table P >36 <48"

Rock or other impervious formations NONE OBSERVED

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




Plot of System (Not to Scale) PIL

Size of Tank 1000 Gals.

Nitrification Field:

No. of Lines 4 @ 100'x3'

Sq. Ft. 1200 Linear Ft. 400

Depth of Stone in Lines 12"

Water Supply: Individual ☑ Public ☐

Installed by Ken Pearson

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 Syst on finished under very wet condition - No water standing in trenches but saturated one very wet.

CERTIFICATE OF COMPLETION BY Wesley Sparks RS. DATE 1/7/93

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

14578

# IREDELL COUNTY HEALTH DEPARTMENT

## IMPROVEMENT PERMIT AND CERTIFICATE OF COMPLETION / OPERATIONS PERMIT

OWNER OR CONTRACTOR Robert Ollyler DATE May 29, '92 PERMIT NO. 4E3A 18/19

PHONE: Business _____ Home _____

LOCATION 115-21 No. TL 1312 TL 1311 (Rankin Hill Rd.) TL into Palomino Park 1st left on right before crossing creek S.R. No. _____

SUBDIVISION NAME Palomino Park LOT NO. 18+19 combined SECTION OR BLOCK NO. _____

House ☐ Mobile Home ☑ SW (14'x70') Business ☐ Other _____

No. Bedrooms 3 No. Bathrooms 2

Garbage Disposal Unit Yes ☐ No ☑

Auto. Dishwasher Yes ☑ No ☐

Auto. Wash. Machine Yes ☑ No ☐

Lot Area 1 Acre

Soil Characteristics Shallow ps clay

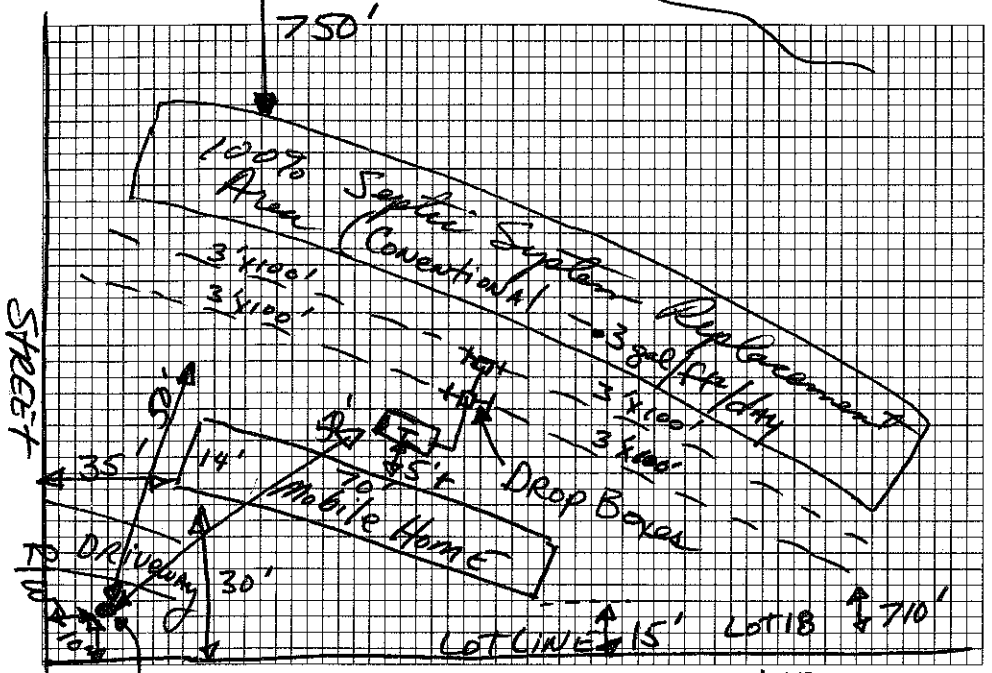
Application Rate .3

Topography 10-15%

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 ☑ Public ☐

Installed by _____

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

Signed: Robert E Ollyler

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

*24" trench bottom depth

IMPROVEMENT PERMIT BY David R. Henson

COMMENTS Septic System drainfield must be installed shallow. Follow contour

CERTIFICATE OF COMPLETION BY _____ DATE _____

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.

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