13082

IREDELL COUNTY HEALTH DEPARTMENT

~3:00 Rowan S.T.

(SEPTIC TANK) IMPROVEMENTS PERMIT AND CERTIFICATE OF COMPLETION
(Ground Absorption Sewage Disposal System -- G. S. Chapter 130-Article 13C)

OWNER OR CONTRACTOR Ray Jr. Blankenship DATE 7/8/91 PERMIT NO. 4E-3-A-44

PHONE: Business _____ Home 528-4137

LOCATION Palomino Park, 115N, TL on Flower House Loop, TL Rocker Hill TL into park, TL, past road on (L) to third lot.

SUBDIVISION NAME Palomino Park LOT NO. 44 S. R. No. _____ SECTION OR BLOCK NO. _____

House ( ) Mobile Home (✓) Business ( ) Other _____

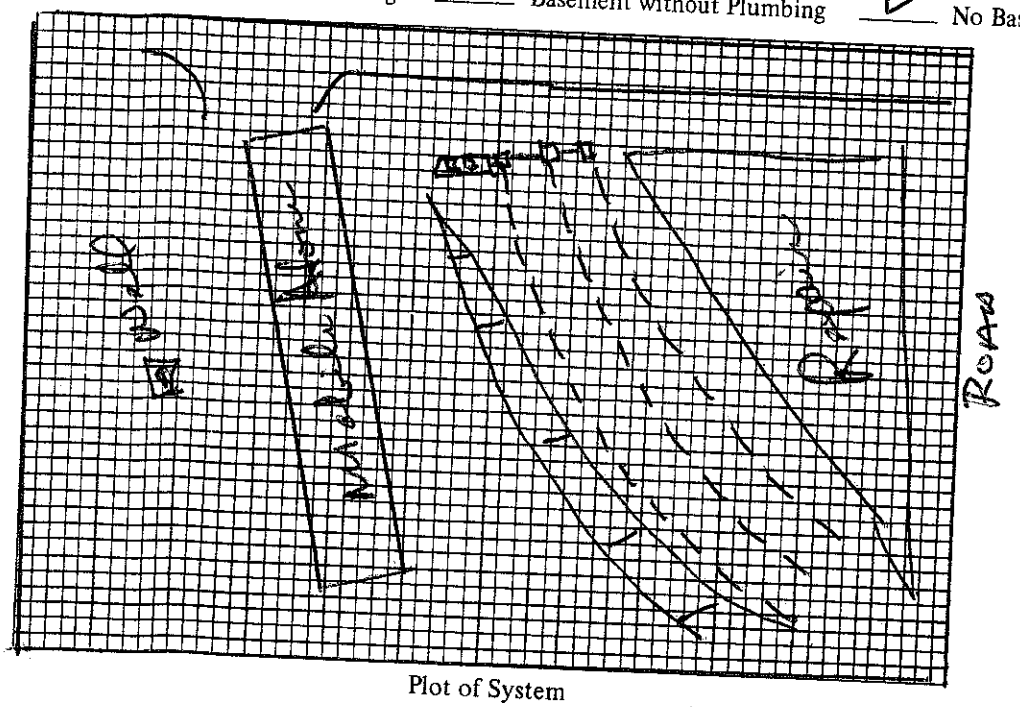
No. Bedrooms 3 No. Bathrooms 2

Garbage Disposal Unit	Yes ( )	No (✓)
Auto. Dishwasher	Yes (✓)	No ( )
Auto. Wash. Machine	Yes (✓)	No ( )
Site Suitable	Yes (✓)	No ( )

Lot Area 20,000 FT2

Character & Porosity of Soil clay transition /p
Percolation Rate 4
Topography 2-Top
Depth to Water Table >48"
Rock or other impervious formations None observed

_____ Basement with Plumbing _____ Basement without Plumbing ✓ No Basement



Plot of System

Size of Tank 1000 Gals.
Nitrification Field:
No. of Lines 3 @ 100' x 3'
Sq. Ft. 900 Linear Ft. 300
Depth of Stone in Lines 12"
Water Supply: Individual (✓)
Public ( )

Installed by _____

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

Signed: _____

IMPROVEMENTS PERMIT BY Wesley Sparks RS.

COMMENTS: Drop Boxes - Keep trenchlines level from start of each line to end. Lines no deeper than 36" to trench bottom.

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 false information is supplied in making Improvements Permit.

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