11880

IREDELL COUNTY HEALTH DEPARTMENT 4649 99 2727

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

OWNER OR CONTRACTOR David Thompson DATE 9/6/90 PERMIT NO. 4E-3-A-42

PHONE: Business _____ Home _____

LOCATION RIN TL Flower house TL Rankin Hill TL into Park TL 1st drive Toward end on left S. R. No. _____

SUBDIVISION NAME Palomino Park LOT NO. 42 SECTION OR BLOCK NO. _____

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

No. Bedrooms 2 No. Bathrooms 2 Lot 1

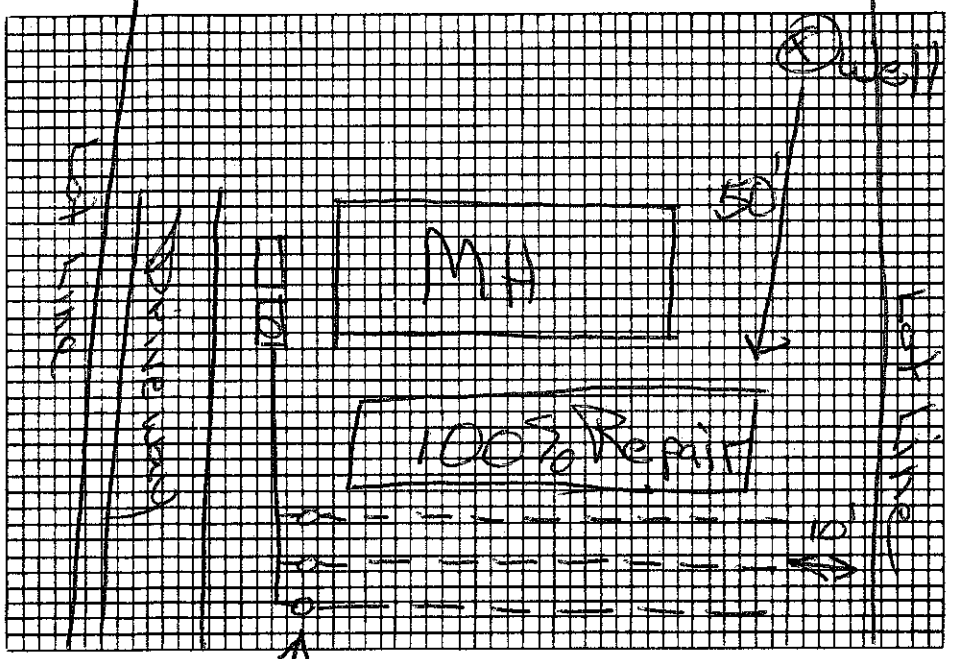
Garbage Disposal Unit	Yes ( )	No (✓)	Character & Porosity of Soil	close to road PS clay
Auto. Dishwasher	Yes (✓)	No ( )	Percolation Rate	~.35
Auto. Wash Machine	Yes (✓)	No ( )	Topography	1-5%
Site ~~Suitable~~ PS	Yes ( )	No ( )	Depth to Water Table	+3'
			Rock or other impervious formations	none obs

Lot Area _____

_____ Basement with Plumbing _____ Basement without Plumbing ___✓___ No Basement

Size of Tank 1000 PT 1000 PT Gals.

Nitrification Field:
No. of Lines 3
Sq. Ft. 690' Linear Ft. 230'
Depth of Stone in Lines 12"
Water Supply: Individual (✓)
Public ( )



Plot of System

Installed by James Hedler

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

Signed: _____

IMPROVEMENTS PERMIT BY _____

COMMENTS: _____

Operation Permit

~~CERTIFICATE OF COMPLETION~~ BY Sam Ingram EHS DATE 9/6/90

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