11880

IREDELL COUNTY HEALTH DEPARTMENT

(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 8/14/90 PERMIT NO. 4E-3-A-42

PHONE: Business _____ Home _____

LOCATION 21N TL Flowerhouse 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 _____ close to road

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 50,605 sq. ft

Character & Porosity of Soil NP Clay

Percolation Rate NP 35

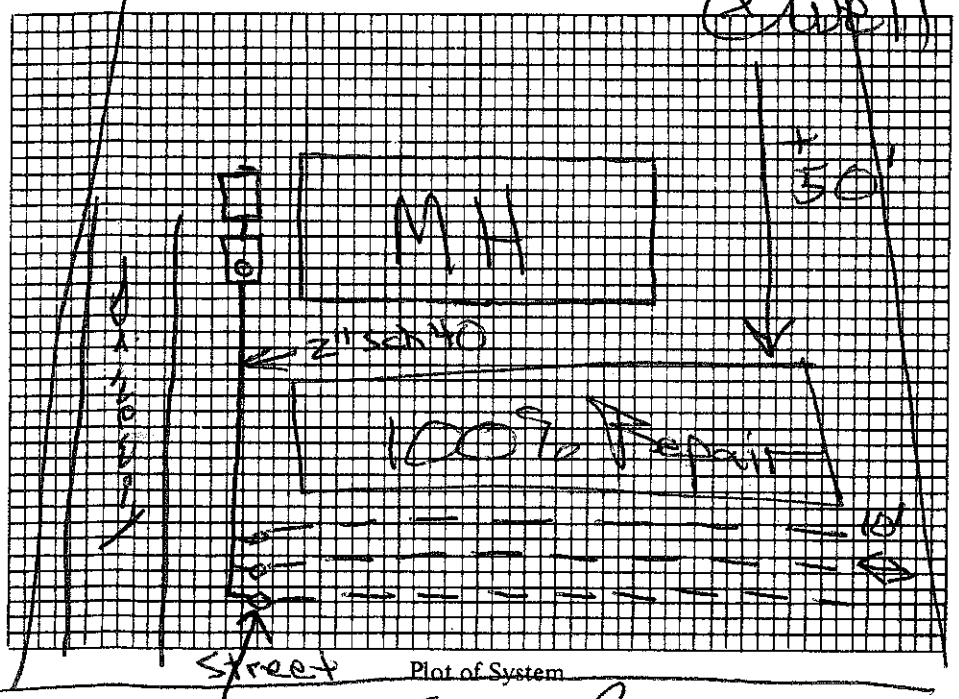
Topography 1-5%

Depth to Water Table + 31

Rock or other impervious formations none obs.

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

1000 FT



Plot of System

Size of Tank 1000 Gals.

Nitrification Field:

No. of Lines 3

Sq. Ft. 690 Linear Ft. 230'

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 Cyndi Ingram

IMPROVEMENTS PERMIT BY Sam Ingram

COMMENTS: Pump 20 gpm 17' TDH 1 5/32" Hole every 5'
85' 2" Sch 40 supply line 1¼" lateral
* Maximum trench bottom depth 24"

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 false information is supplied in making Improvements Permit.

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