IREDELL COUNTY HEALTH DEPARTMENT

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

IMPROVEMENT PERMIT / AUTHORIZATION TO CONSTRUCT / OPERATION PERMIT / EXISTING SYSTEM INSPECTION

PERMIT# Repair PIN# No 4649-97-5977 DATE 5/9/00

OWNER OR CONTRACTOR Robert L. Player PHONE: Business _____ Home 662-8436

ADDRESS 250 Sorrell Lane Troutman, NC. 28166

LOCATION Rankin Hill Rd. TL Thoroughbred L on Sorrell, property end on (R)

SUBDIVISION Patonia Park BLOCK / SECTION _____ LOT #30 LOT AREA .64 SITE CLASS. PS DESIGN FLOW 360 L.T.A.R. .25

Septic Tank: EXISTING Gallons: STB _____ Date _____

Pump Tank: _____ Gallons: PT _____ Date _____

Pump Make: _____ Model _____ Serial No. _____

Nitrification Field: No Fields 1 Square Feet 480 Linear Feet 160

No Lines 2 @ 80'x3' Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth 12"

☐ New System ☒ Repair System Type: I, (II) III, IV, V, VI

System Description: _____

Repair System Description: DROP BOX - CONVENTIONAL

Maintenance Agreement Required: ☐ Yes ☒ No

☐ House/Mod. Home No. Bedrooms 3

☒ Mobile Home No. Bathrooms 2

☐ Business No. Employees ____

☐ Other _____

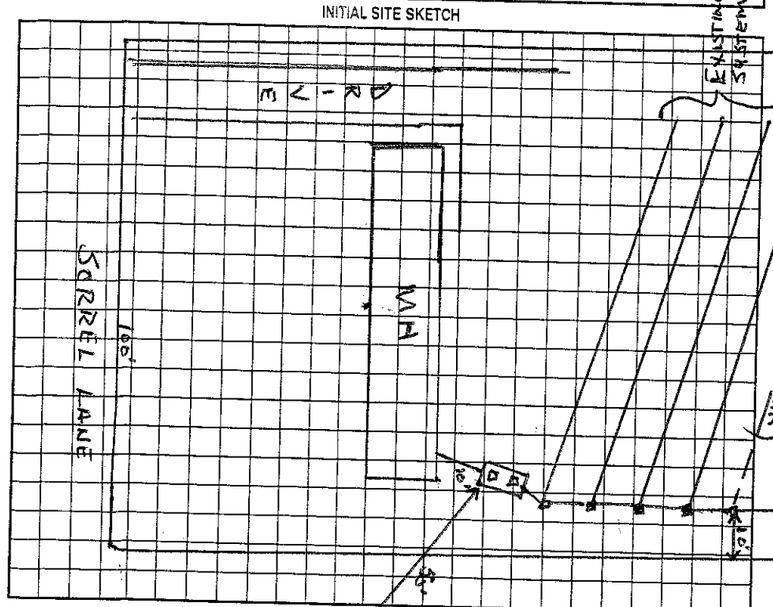
☐ Slab ☒ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☒ Individual ☐ Public ☐ Community

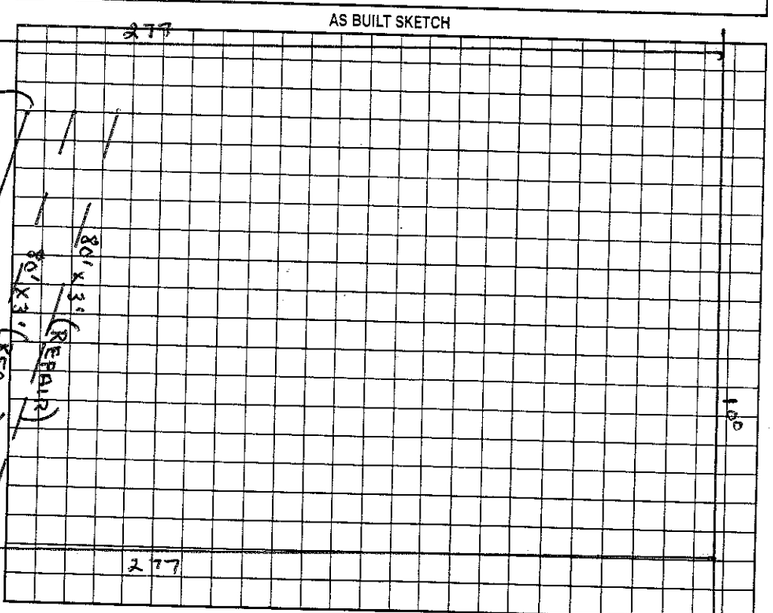
Comments:/Conditions:

Comments:/Conditions:

INITIAL SITE SKETCH



AS BUILT SKETCH



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 with plat valid without expiration. Improvement Permit with site plan valid for sixty months. Authorization to Construct is valid for a period equal to that of Improvement Permit – not to exceed sixty months.

Signed: * date _____

Improvement Permit by: Wesley Sparks RS. date 5/9/00

Authorization to Construct by: Wesley Sparks RS. date 5/9/00

Installed by: Forest Shuford

Operation Permit by: Wesley Sparks RS. date 6/9/00

Existing System Inspection by: _____ date _____

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

12989

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 Robert L. Player DATE Aug 2, '91 PERMIT NO. 4E3A30

PHONE: Business _____ Home _____

LOCATION 115-21 N TL 1312 (Flower House Up) TR 1311 (Rankin Hollow Rd.
TL into park bear left (~½ mile on Right S. R. No. _____

SUBDIVISION NAME Palomino Park LOT NO. 30 SECTION OR BLOCK NO. _____

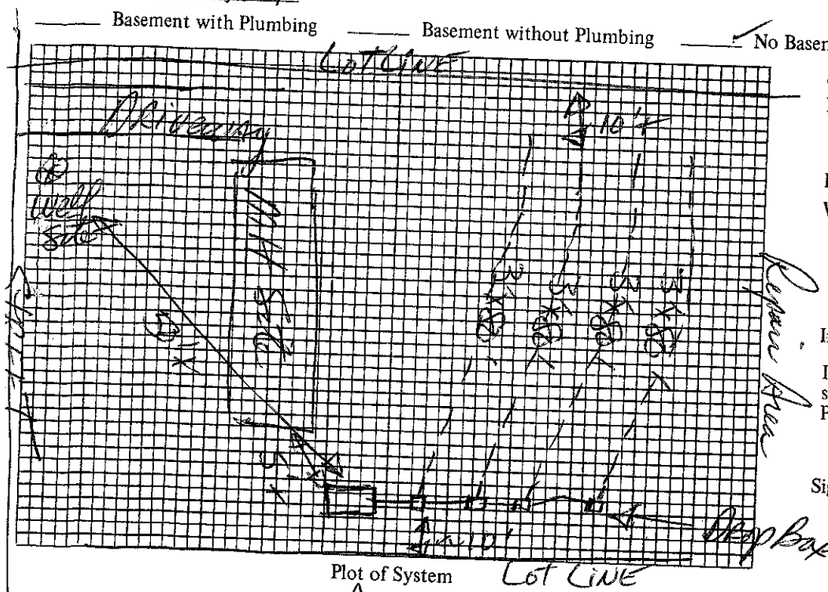
House ( ) Mobile Home (✓) Business ( ) Other _____

No. Bedrooms 3 No. Bathrooms 2

Garbage Disposal Unit	Yes ( )	No (✓)	Character & Porosity of Soil	sdy clay
Auto. Dishwasher	Yes (✓)	No ( )	Percolation Rate	1"/35'
Auto. Wash. Machine	Yes (✓)	No ( )	Topography	~4%
Site ~~Suitable~~ PS	Yes (✓)	No ( )	Depth to Water Table	44
			Rock or other impervious formations	none obs.

Lot Area 20000 ft²

_____ Basement with Plumbing _____ Basement without Plumbing ✓ No Basement



Plot of System

Size of Tank 1000 Gals.

Nitrification Field:
No. of Lines 4
Sq. Ft. 960 Linear Ft. 320
Depth of Stone in Lines 12"

Water Supply: Individual (✓)
Public ( )

Installed by Tim Ammons

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

Signed: _____

IMPROVEMENTS PERMIT BY AW.S

COMMENTS: Well not installed and M.H. not on site as of this date.

CERTIFICATE OF COMPLETION BY D. R. Thompson, RS DATE 8-2-91

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

12989

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 Robert L Player DATE 6/12/91 PERMIT NO. 4E 3A30

PHONE: Business _____ Home 663-1430

LOCATION Palmira Park, 215 N, TL on 1st Flower House TL on Rockin Hill TL into Palmira Park, TL on ® 1st on Left de sac S. R. No. 1311

SUBDIVISION NAME Palmira Park LOT NO. 30 SECTION OR BLOCK NO. _____

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

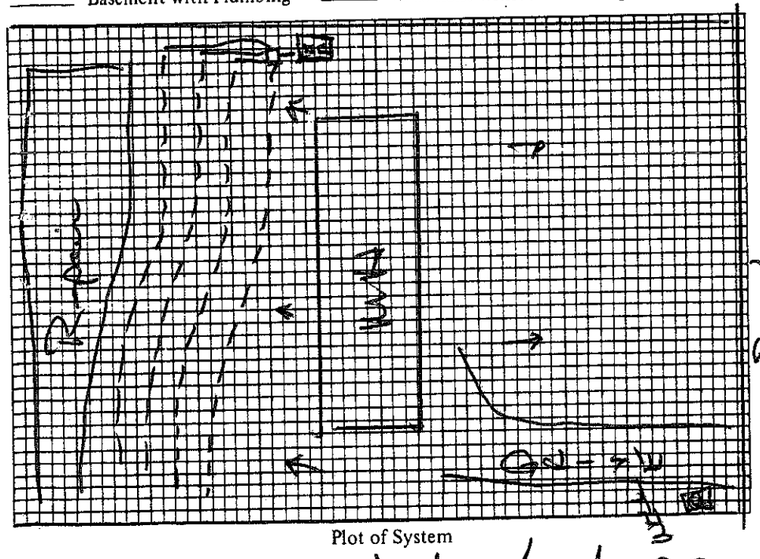
No. Bedrooms 3 No. Bathrooms 2

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

Character & Porosity of Soil clay P - sl
Percolation Rate .35
Topography 2-4%
Depth to Water Table >48"
Rock or other impervious formations No

Lot Area 20,000 FT²

_____ Basement with Plumbing _____ Basement without Plumbing ✓ No Basement



Size of Tank 1000 Gals.
Nitrification Field:
No. of Lines 4 @ 80' x 3'
Sq. Ft. 960 Linear Ft. 320
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: Robert L Player

IMPROVEMENTS PERMIT BY Wesley Sparks R.S.

COMMENTS: Trenches no deeper than 36" to trench bottom. Trenches on slope contours. Septic tank set 10' inside right property line.

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