08335

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 Sandra McElveen DATE July 25, 88 PERMIT NO. _____

PHONE: Business _____ Home _____

LOCATION 115-21 N. TR 1312 (Flower House Lp.) TR 1311 (Rankin Hall Rd.) TR Palomino Park TR Scarell Cove at end S. R. No. _____

SUBDIVISION NAME Palomino Park LOT NO. 35 SECTION OR BLOCK NO. _____

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

No. Bedrooms 3 No. Bathrooms 2

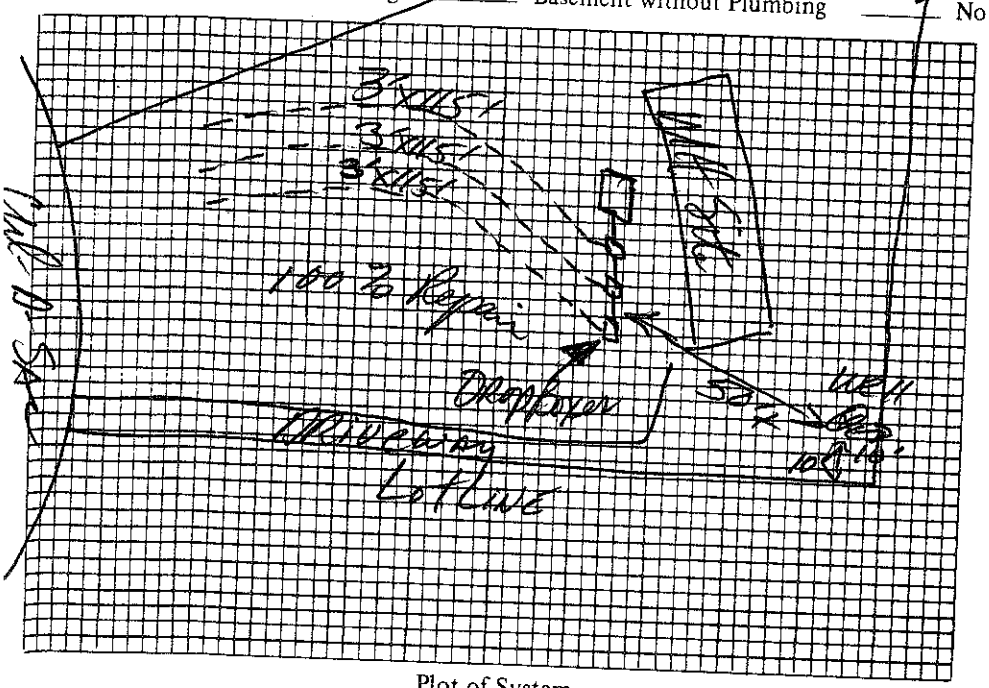
Garbage Disposal Unit	Yes ( )	No (✓)
Auto. Dishwasher	Yes (✓)	No ( )
Auto. Wash. Machine	Yes (✓)	No ( )
Site ~~Suitable~~ PS	Yes (✓)	No ( )

Lot Area ~ 3/4 Ac

Character & Porosity of Soil clay
Percolation Rate ~135
Topography 4-6% Complex
Depth to Water Table 4'+
Rock or other impervious formations none obs.

2 2 5 / 4 3 / 5 / 10

_____ Basement with Plumbing _____ Basement without Plumbing ✓ No Basement



Plot of System

Size of Tank 1000 Gals.
Nitrification Field:
No. of Lines 3
Sq. Ft. 1035 Linear Ft. 345
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: ~~X~~ Sandra McElveen

IMPROVEMENTS PERMIT BY [signature] RS

COMMENTS: Follow contour with trenches. Install trenches at a depth of 24" to bottom of ditch. 12" over. Use drop box or manifold & boxes to distribute effluent.

CERTIFICATE OF COMPLETION BY _____

EXISTING SYSTEM CHECKED BY: _____ DATE _____

CONSTRUCTION MUST COMPLY WITH ALL OTHER APPLICABLE STATE AND LOCAL REGULATIONS. _____ DATE _____

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