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 John W. Lowe DATE 12-1-26 PERMIT NO. ____

PHONE: Business ____ Home ____

LOCATION 1100 Fleetwood Dr Troutman Twp 17B out exit

S. R. No. ____

SUBDIVISION NAME Commodore Point LOT NO. 84 SECTION OR BLOCK NO. ____

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

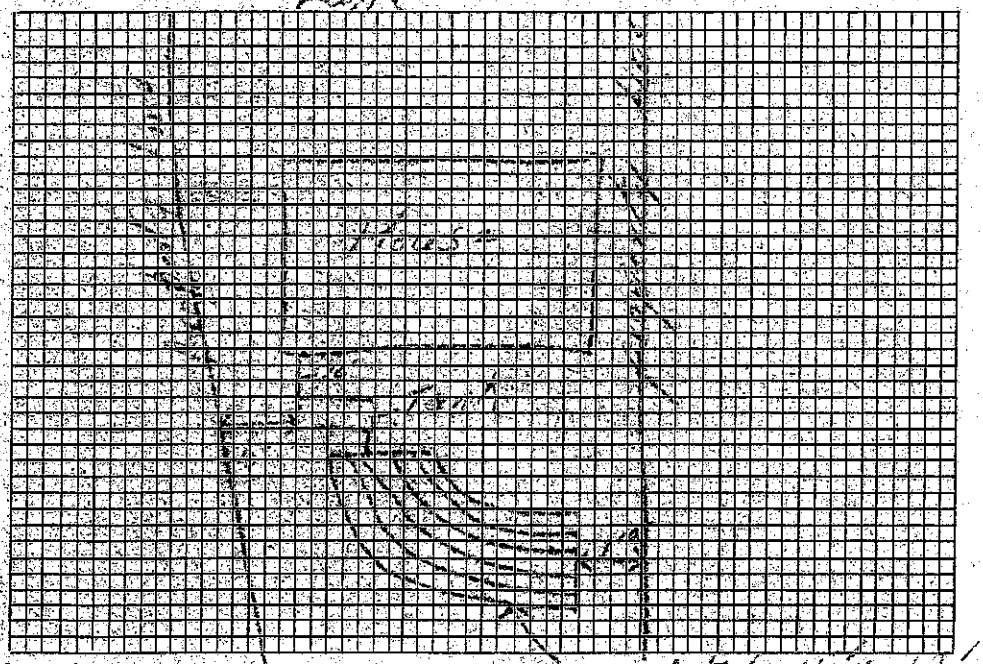
No. Bedrooms 3 No. Bathrooms 2

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

Character & Porosity of Soil Sandy Clay Loam Good
Percolation Rate Soil Boring
Topography 2 to 8 Slope
Depth to Water Table 6 ft 5 in Late Level
Rock or other impervious formations None

Lot Area 1 acre

Lake



Plot of System Dist 13 x 42' 6 Lines

Size of Tank 1000 Gals.
Nitrification Field:
No. of Lines 6
Sq. Ft. 625 Linear Ft. 250
Depth of Stone in Lines 10"
Water Supply: Individual ( )
Public (✓)

Installed by Lowe Septic Service

IMPROVEMENTS PERMIT BY L.G. Ware

COMMENTS: Called for more information about trench lines & configuration for 1st time caller. Explained to use wood stake for easy to locate system.

CERTIFICATE OF COMPLETION BY Pete Fleenor DATE 12-15-26

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

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

Pete Fleenor 546-7440