IREDELL COUNTY HEALTH DEPARTMENT

(SEPTIC TANK) IMPROVEMENTS PERMIT AND CERTIFICATE OF COMPLETION

(Ground Absorption Sewage Disposal System – G. S. Chapter 130-Article 11C)

OWNER OR CONTRACTOR E. T. TROUTMAN DATE 3-7-83 PERMIT NO. _____

PHONE: Business _____ Home _____

LOCATION State Park Rd. & Fort Church Rd. - T.L. # 132 Inspection Shall go underlying power lines, T.L. on Rt. just before Lake - Left 2nd Drive

SUBDIVISION NAME _____ LOT NO. _____ SECTION OR BLOCK NO. _____

Home ( ) Mobile Home ( ) Business ( ) Other Addition 2 bedroom, 1 1/2 bath

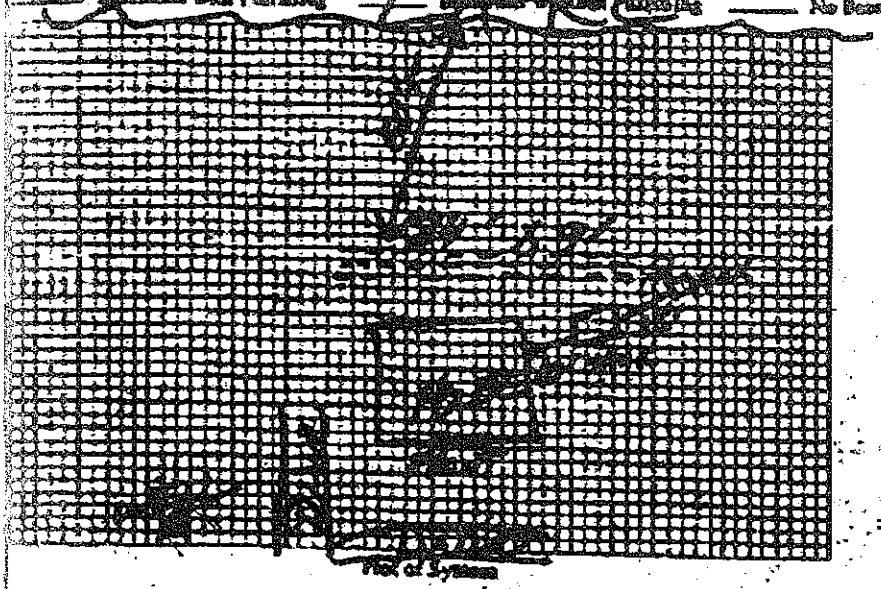
No. Bedrooms 3 No. Bathrooms 3

Garbage Disposal Unit	Yes ( )	No (✓)	Percolation Rate
Auto. Dishwasher	Yes (✓)	No ( )	Topography
Auto. Wash. Machine	Yes (✓)	No ( )	Depth to Water Table
Site Suitable	Yes (✓)	No ( )	Rock or other Impervious formations

Character & Porosity of Soil: Cecil S.L.

Lot Area Ample

Dwelling with Plumbing ✓ Bedroom Addition ____ No Basement



Size of Tank 1000 Gals.

Distribution Field: 3

No. of Lines _____

Sq. Ft. 750 Lineal Ft. 250

Depth of Stone in Lines 16

Water Supply: Individual (✓)

Public ( )

Installed by Robert Hoke

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

Signed: _____

IMPROVEMENTS PERMIT BY _____

COMMENTS: Existing septic tank system functioning properly and adequate to accommodate addition.

CERTIFICATE OF COMPLETION BY: _____ DATE _____

EXISTING SYSTEM CHECKED BY: Steve Brown DATE 3-7-83

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