4638-46-8984

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 Linda Troutman DATE 11-4-86 PERMIT NO. 587

PHONE: Business _____ Home _____

LOCATION 1303 N. TC Stumpy Creek TC Cottonwood
bear Rt. at forks ½ mile on left S. R. No. _____

SUBDIVISION NAME L.K. LOT NO. 82 SECTION OR BLOCK NO. 14

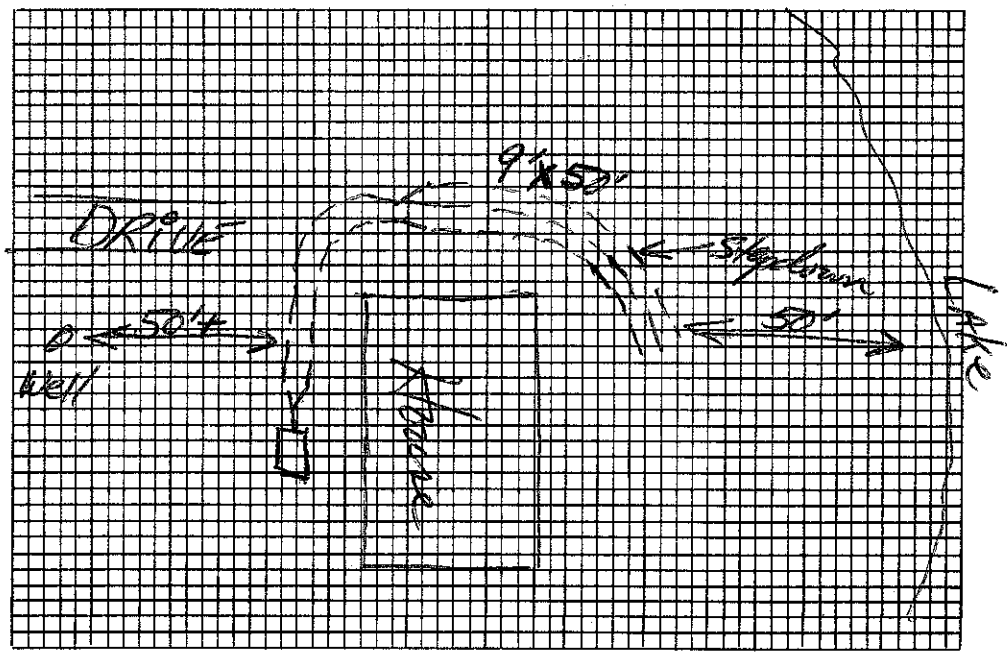
House (✓) Mobile Home ( ) Business ( ) Other Repair

No. Bedrooms 3 No. Bathrooms 2

Garbage Disposal Unit	Yes ( )	No (✓)	Character & Porosity of Soil	clay	
Auto. Dishwasher	Yes (✓)	No ( )	Percolation Rate	4	
Auto. Wash. Machine	Yes (✓)	No ( )	Topography	8-10%	
Site Suitable	Yes (✓)	No ( )	Depth to Water Table	4ft	
			Rock or other impervious formations	none obs.	

Lot Area Existing

_____ Basement with Plumbing _____ Basement without Plumbing _____ No Basement



Plot of System

Size of Tank Existing Gals.

Nitrification Field:
No. of Lines 3
Sq. Ft. ~~450~~ Linear Ft. 150
Depth of Stone in Lines 12"+

Water Supply: Individual (✓)
Public ( )

Installed by J J Erwin

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

Signed: _____

IMPROVEMENTS PERMIT BY CKB

COMMENTS: _____

CERTIFICATE OF COMPLETION BY David R. Johnson, R.S. DATE 11-4-86

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