2:00

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 (C.W. Safrit) DATE 9-9-86 PERMIT NO. 308

PHONE: Business ______ Home ______

LOCATION Perth Rd, T.L on Stumpy Creek TL at Collinwood BR at fork #2 on left S. R. No. ______

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

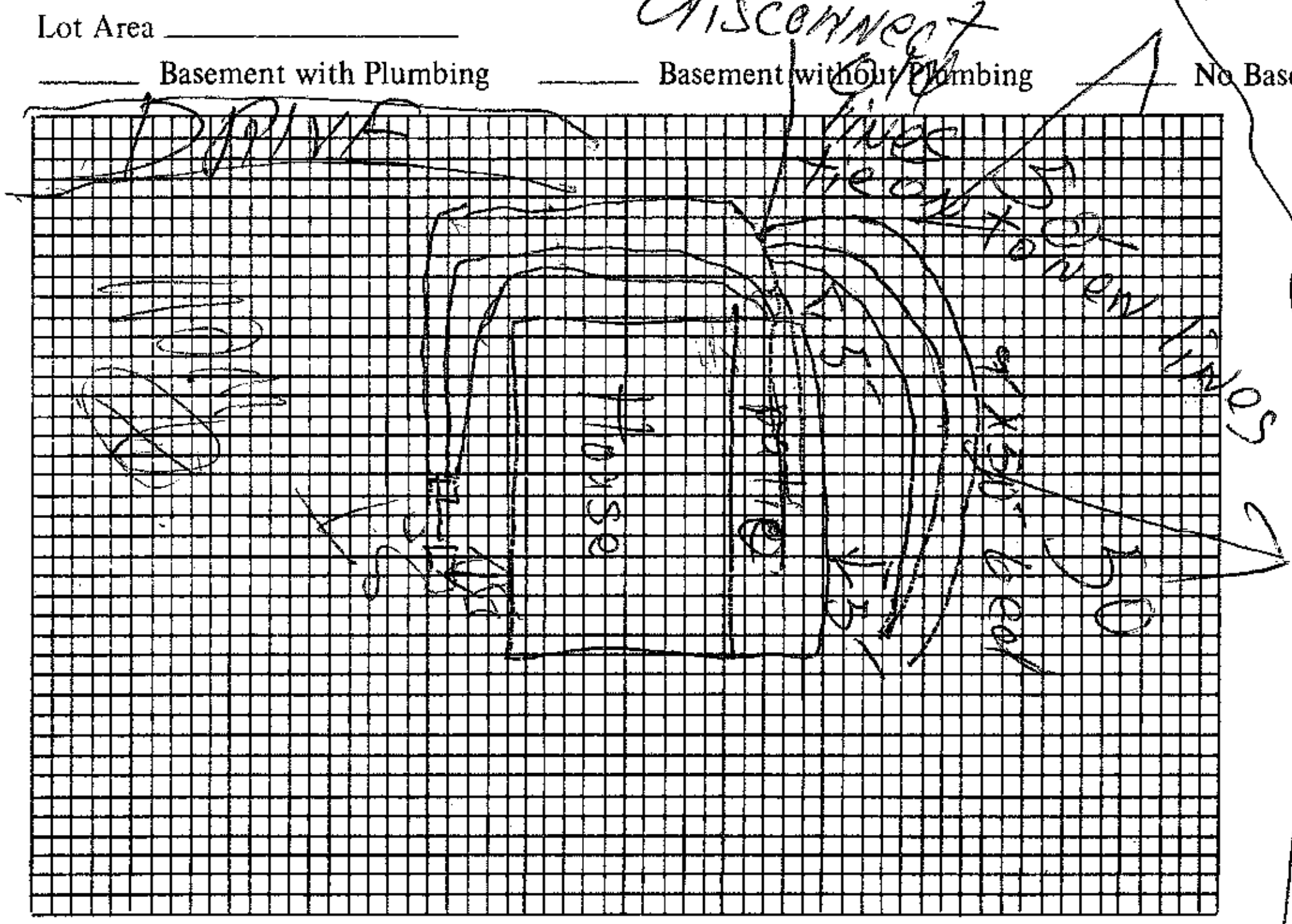
House ( ) Mobile Home ( ) Business ( ) Other repair

No. Bedrooms 3 No. Bathrooms 2

Garbage Disposal Unit	Yes ( )	No (✓)		Character & Porosity of Soil	clay
Auto. Dishwasher	Yes (✓)	No ( )		Percolation Rate	.4 gal/ft²/day
Auto. Wash. Machine	Yes (✓)	No ( )		Topography	2-10%
Site Suitable	Yes (✓)	No ( )		Depth to Water Table	41
				Rock or other impervious formations	None obs

Lot Area ______

______ 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 ______

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

Signed: Hal E. Troutman

IMPROVEMENTS PERMIT BY Charles K. Haunett

COMMENTS used old lines and disconnect old lines where the old lines go under new house foundation adding a 150 of line to replace lines lost from building house (linear)

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