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# 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 G. Trontell DATE Sept. 14, 90 PERMIT NO. 26-19-A-90

PHONE: Business _____ Home _____

LOCATION 1100' on left of TR 1179 (Canvasback) near cul-de-sac TR Broadbill

SUBDIVISION NAME Woodland Hills S. R. No. _____

LOT NO. 70 SECTION OR BLOCK NO. 7

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

No. Bedrooms 3 No. Bathrooms 3

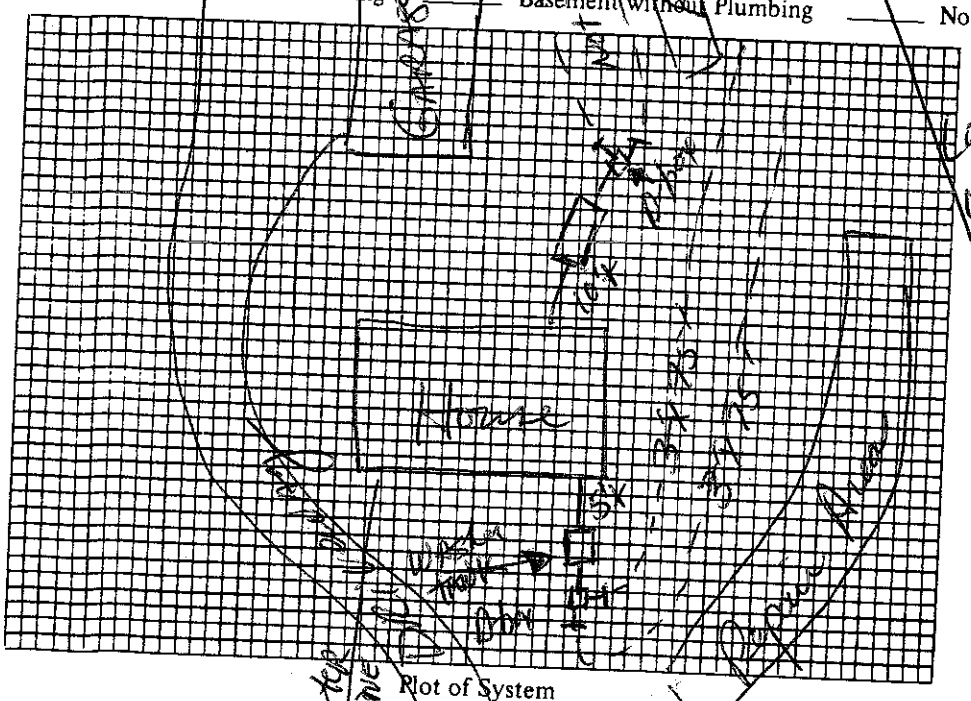
Garbage Disposal Unit Yes (✓) No ( )
Auto. Dishwasher Yes (✓) No ( )
Auto. Wash. Machine Yes (✓) No ( )
Site ~~Suitable~~ PS Yes (✓)

Lot Area 20000 ft2+

Character & Porosity of Soil PS clay
Percolation Rate 13 to 4
Topography 4-6%
Depth to Water Table 4'+
Rock or other impervious formations some sedimentrock

_____ Basement with Plumbing _____ Basement without Plumbing _____ No Basement

* Split System (owners Requested)




Plot of System

Size of Tank 1250 Gals.

Nitrification Field:
No. of Lines 2
Sq. Ft. 900 Linear Ft. 300
Depth of Stone in Lines 12"

Water Supply: Individual ( )
Public (✓ CW

Installed by JR Bowles

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

Signed: _____

IMPROVEMENTS PERMIT BY _____

Washer System
75 gal precast tankway tee
D-box; 2 lines 3' x 75' each
12" stone

COMMENTS: Driveway not installed as shown on improvements permit. Washer system had to be rerouted.

CERTIFICATE OF COMPLETION BY DR Hinson, EHS

EXISTING SYSTEM CHECKED BY: _____ DATE 9-14-90

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. DATE _____

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