Lonnie Troutman

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 Randy Coone Home DATE 10/5/76 PERMIT NO. _____

PHONE: Business _____ Home _____

LOCATION Old Mountain Rd Past Stewarts Sec Sta. T.R. On #1520 - T.R. on 1652 Tk. 1st St. Next to Last House on Rt

SUBDIVISION NAME O.M. Perry Sub. Div. LOT NO 85 — 88 SECTION OR BLOCK NO. _____

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

No. Bedrooms _____ No. Bathrooms _____

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

Lot Area 100 X 200

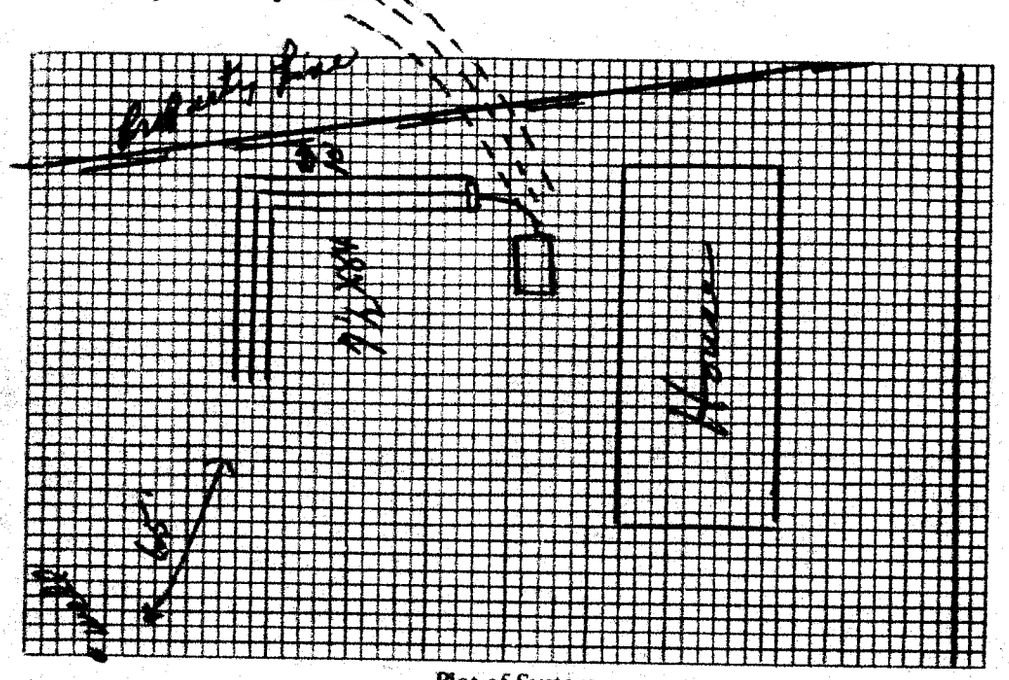
Character & Porosity of Soil _____

Percolation Rate _____

Topography _____

Depth to Water Table _____

Rock or other impervious formations Rotain



Plot of System

Size of Tank Existing Gals.

Nitrification Field:

No. of Lines 3

Sq. Ft. 625 Linear Ft. 250

Depth of Stone in Lines 10"

Water Supply: Individual (✓)

Public ( )

Installed by Hoke Septic Tank

IMPROVEMENTS PERMIT BY _____

COMMENTS: Need lines put in in order to get drainfield off of next lot.

CERTIFICATE OF COMPLETION BY E. A. Stevenson DATE 10-5-76

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