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 Gary Lanier DATE 6/2/77 PERMIT NO. _____

PHONE: Business _____ Home _____

LOCATION Turn on E. Memorial at Troutmen. T.L. on Rd # 1324 T.R. in Drive. House back off of Road. S. R. No. _____

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

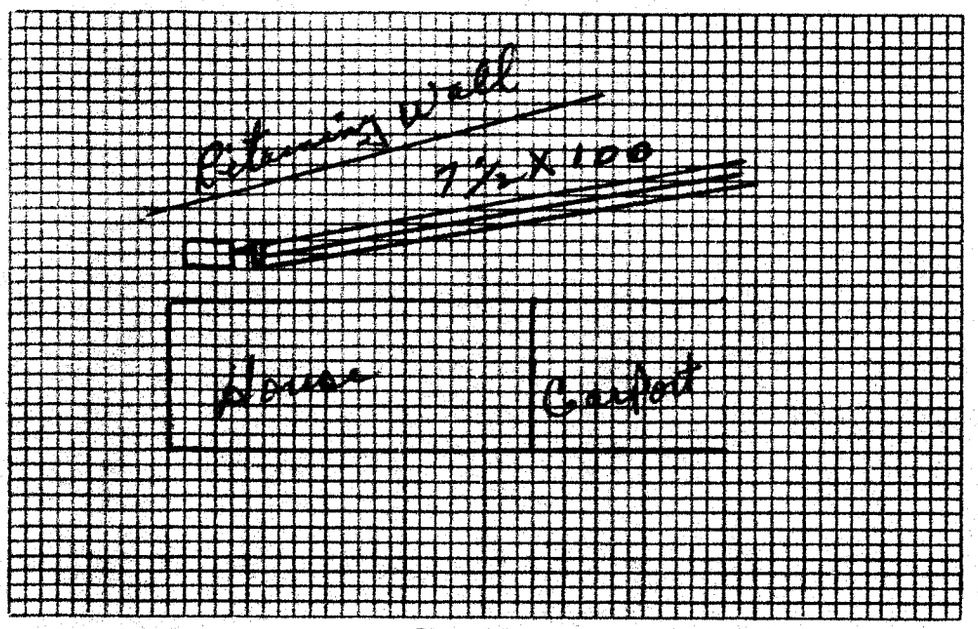
House (✓) Mobile Home ( ) Business ( ) Other _____

No. Bedrooms 3 No. Bathrooms 2

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

Lot Area Acreage

Character & Porosity of Soil Cecil Clay
Percolation Rate _____
Topography Slope to rear
Depth to Water Table Low
Rock or other impervious formations None



Plot of System

Size of Tank 1250 Gals.
Nitrification Field:
No. of Lines 3
Sq. Ft. 750 Linear Ft. 300
Depth of Stone in Lines 10"
Water Supply: Individual (✓)
Public ( )

Installed by Hoke Septic Tank Co.

IMPROVEMENTS PERMIT BY _____

COMMENTS: Surface Water should be diverted away from Tank & Lines.

CERTIFICATE OF COMPLETION BY E. A. Stevenson DATE 6/2/77

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