## 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 J. M. Troutman Sr. DATE 1-19-83 PERMIT NO. _____

PHONE: Business _____ Home _____

LOCATION At Troutman Turn on Old mtn Rd TL on Troutman Farm Rd (1334) 3/4 mi TR JM Troutman FM 200yds on left, S. R. No. _____

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

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

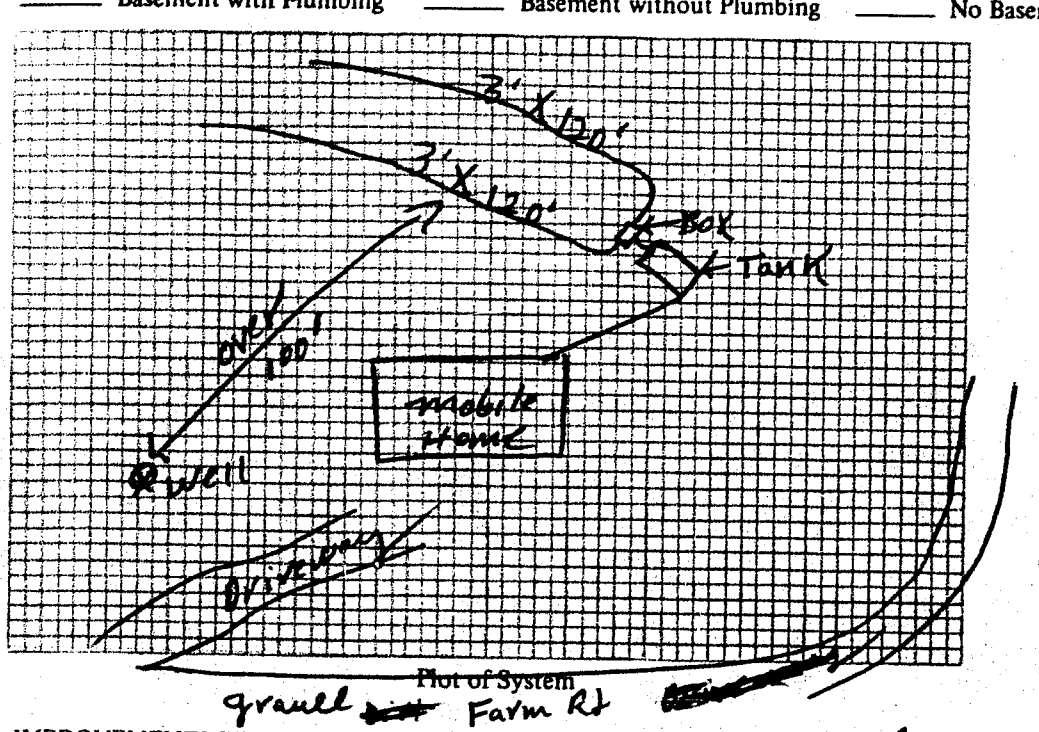
No. Bedrooms 3 No. Bathrooms 2

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

Character & Porosity of Soil Cecil clay loam
Percolation Rate .5 gal/55'/day
Topography 2 to 6%
Depth to Water Table 10'+
Rock or other impervious formations none

Lot Area Acreage

_____ Basement with Plumbing _____ Basement without Plumbing _____ No Basement




Size of Tank 1000 Gals.
Nitrification Field:
No. of Lines 2
Sq. Ft. 720 Linear Ft. 240
Depth of Stone in Lines 12"
Water Supply: Individual (✓)
Public ( )

Installed by Eddie Younts & son

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

Signed: _____

IMPROVEMENTS PERMIT BY Steve Brown

COMMENTS: _____

CERTIFICATE OF COMPLETION BY L. C. Moore DATE 1-19-83

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