Repair

IREDELL COUNTY HEALTH DEPARTMENT

IMPROVEMENT PERMIT AND CERTIFICATE OF COMPLETION / OPERATIONS PERMIT

OWNER OR CONTRACTOR Louise H. Troutman DATE 5-25-93 PERMIT NO. Repair

PHONE: Business _____ Home 873-7535

LOCATION From Troutman take Perth Rd. TR State Park Rd. TL Hunneycutt Rd. 1st house on R.

SUBDIVISION NAME NA S.R. No. _____

LOT NO. _____ SECTION OR BLOCK NO. _____

House ☑ Mobile Home ☐ Business ☐ Other _____

No. Bedrooms 2 No. Bathrooms 1

Garbage Disposal Unit Yes ☐ No ☑

Auto. Dishwasher Yes ☐ No ☑

Auto. Wash. Machine Yes ☑ No ☐

Lot Area 5.5 acres

Soil Characteristics P.S. Clay

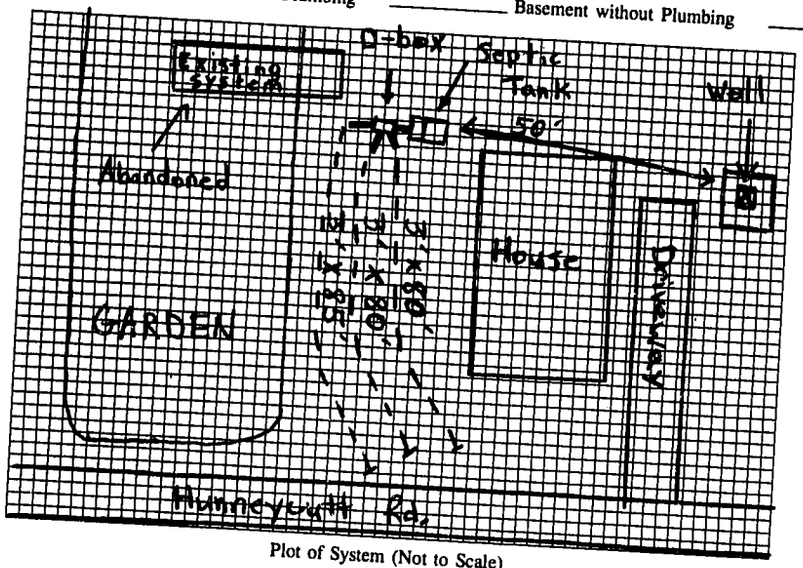
Application Rate .35 gpd/ft²

Topography 0-10% L

Depth to Water Table ≥ 4'

Rock or other impervious formations NA.

_____ Basement with Plumbing _____ Basement without Plumbing _____ No Basement ✓ Crawl Space



Plot of System (Not to Scale)

Size of Tank 1000 (4-11-93) Gals.

Nitrification Field:

No. of Lines 3

Sq. Ft. 690 Linear Ft. 230'

Depth of Stone in Lines 12"

Water Supply: Individual ☑ well

Public ☐

Installed by Wes Lytton

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

Signed: _____

(IMPROVEMENT PERMIT IS VALID FOR 60 MONTHS FROM DATE OF ISSUE.)

IMPROVEMENT PERMIT BY Michael J. Dennis

COMMENTS Sink drain and washing machine drain tied into septic tank. Fed upper line first and 2nd line next, Lower line last.

CERTIFICATE OF COMPLETION BY Michael J. Dennis

EXISTING SYSTEM CHECKED BY _____ DATE 5-26-93

CONSTRUCTION MUST COMPLY WITH ALL OTHER APPLICABLE STATE AND LOCAL REGULATIONS DATE _____

Permit is VOID if any unauthorized changes are made in installation of system, and/or if any unapproved changes are made to the site, and/or if any false information is supplied toward securing Improvement Permit.

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