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 BOB BRENNAN DATE 12-5-83 PERMIT NO. _____

PHONE: Business _____ Home _____

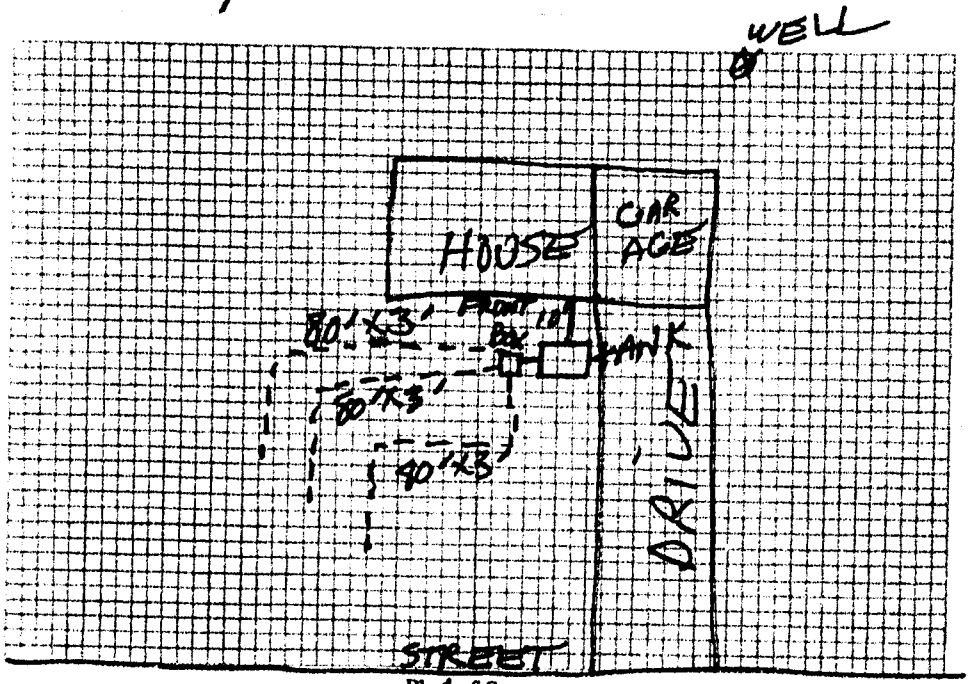
LOCATION Perth Church Rd. from Troutman, go on past State Park Rd. for ½ mi., T. Rt. into Perthwood Estates ¼ mi. on left. S. R. No. _____

SUBDIVISION NAME PERTHWOOD ESTATES LOT NO. 17 SECTION OR BLOCK NO. _____

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

No. Bedrooms 3 No. Bathrooms 2.5

Garbage Disposal Unit	Yes ( )	No (✓)	Character & Porosity of Soil		sil clay
Auto. Dishwasher	Yes (✓)	No ( )	Percolation Rate		5 gal/sq. ft.
Auto. Wash. Machine	Yes (✓)	No ( )	Topography		2-4%
Site Suitable	Yes (✓)	No ( )	Depth to Water Table		10'+
Lot Area	Ample		Rock or other impervious formations		none observed.



Plot of System

Size of Tank 1000 Gals.

Nitrification Field:
No. of Lines 3
Sq. Ft. 720 Linear Ft. 240
Depth of Stone in Lines 12"

Water Supply: Individual (✓)
Public ( )

Installed by Eddie Yountz

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 Steve Brown DATE 12-5-83

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