Town of Troutman

43870

IREDELL COUNTY HEALTH DEPARTMENT

IMPROVEMENT PERMIT AND CERTIFICATE OF COMPLETION / OPERATIONS PERMIT

OWNER OR CONTRACTOR James Todd Davidson DATE 5-6-93 PERMIT NO. 3H-4-B2

PHONE: Business _____ Home _____

LOCATION From Troutman take Perth Rd TR State Park Rd. TL Pinecroft Dr. Lot on R at end of cul-de-sac. S.R. No. _____

SUBDIVISION NAME Pinecroft Dev. LOT NO. 2 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 ☐

Lot Area Ample

Soil Characteristics P.S. Clay

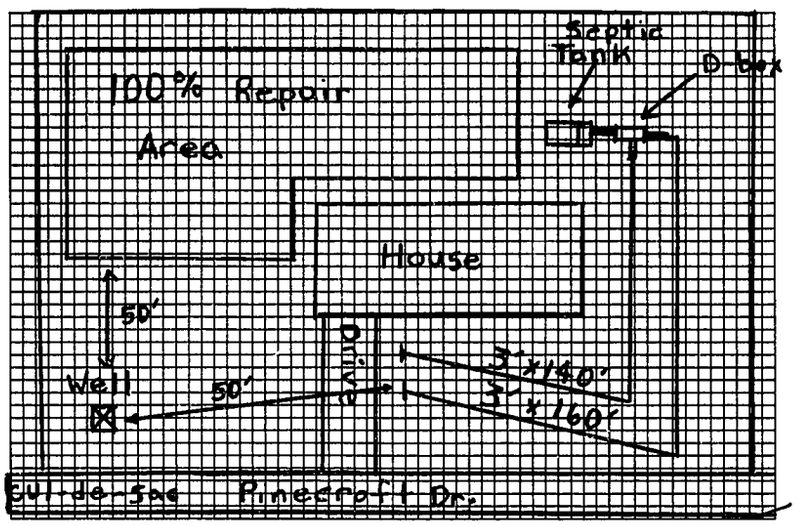
Application Rate .4 gpd / ft²

Topography 2-6% 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 (3-20-93) Gals.

Nitrification Field:

No. of Lines 2

Sq. Ft. 900 Linear Ft. 300'

Depth of Stone in Lines 12"

Water Supply: Individual ☑ Well

Public ☐

Installed by J.R. Bowles

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 Steve Brown

COMMENTS Fed lines equal, 100% Repair Area behind home, conventional, gravity fed.

CERTIFICATE OF COMPLETION BY Michael J. Dennis DATE 5-6-93

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 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