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 Franklin Menster DATE 7/12/79 PERMIT NO. _____

PHONE: Business _____ Home _____

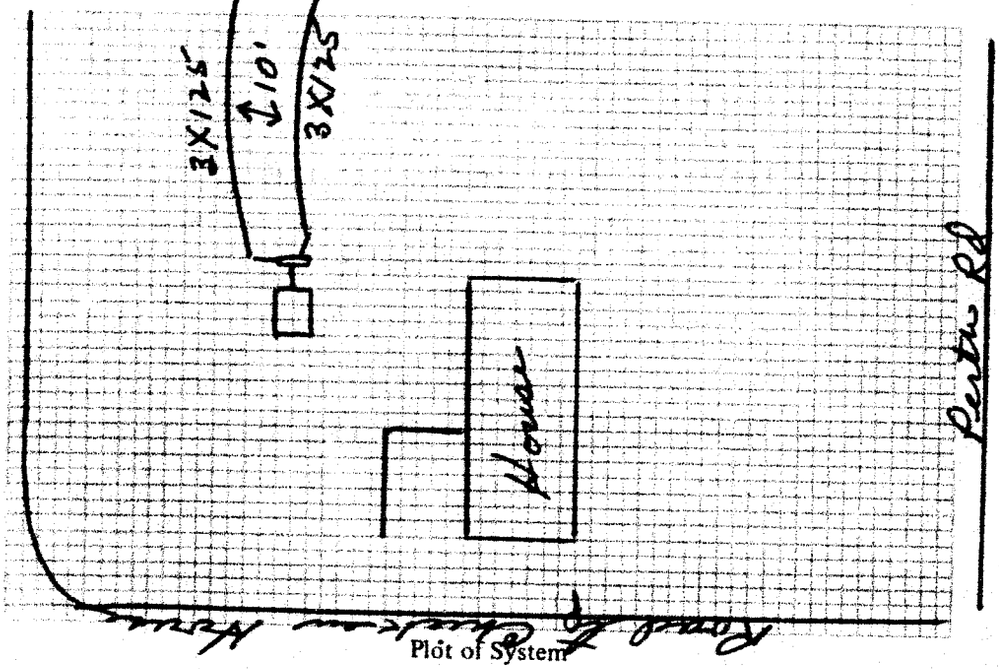
LOCATION Turn on Perth Rd in Troutman. House on L. approx ¾ mile beyond State Park Rd S. R. No. _____

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

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

No. Bedrooms 3 No. Bathrooms 2

Garbage Disposal Unit	Yes ( )	No (+)	Character & Porosity of Soil	Prob Suitable
Auto. Dishwasher	Yes (+)	No ( )	Percolation Rate	
Auto. Wash. Machine	Yes (+)	No ( )	Topography	slight slope
Site Suitable	Yes (+)	No ( )	Depth to Water Table	Low
Lot Area 1 acre			Rock or other impervious formations	None



Plot of System

Size of Tank 1000 Gals.
Nitrification Field:
No. of Lines 2
Sq. Ft. 750 Linear Ft. 250
Depth of Stone in Lines 10"
Water Supply: Individual (+)
Public ( )

Installed by Sam Osteen

IMPROVEMENTS PERMIT BY _____

COMMENTS: Surface water should be diverted away from septic Tank + lines

CERTIFICATE OF COMPLETION BY E. A. Stevenson DATE _____

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