TOWN OF TROUTMAN.

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 MICHAEL ROANE DATE 5-5-88. PERMIT NO. _____

PHONE: Business _____ Home _____

LOCATION Hwy 21 S - T.R. on Talley St. at Troutman - garage at Anglegard Dev. + T.L. on Lytton Rd. - T.R. on Denlar St. - last or 1st house on L. S.R. No. _____

SUBDIVISION NAME _____ LOT NO. Pt. of 15, 16, 17 SECTION OR BLOCK NO. _____

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

No. Bedrooms 3 No. Bathrooms 2.5

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

Character & Porosity of Soil Prov. Suitable.

Percolation Rate 5 gal/sq. ft.

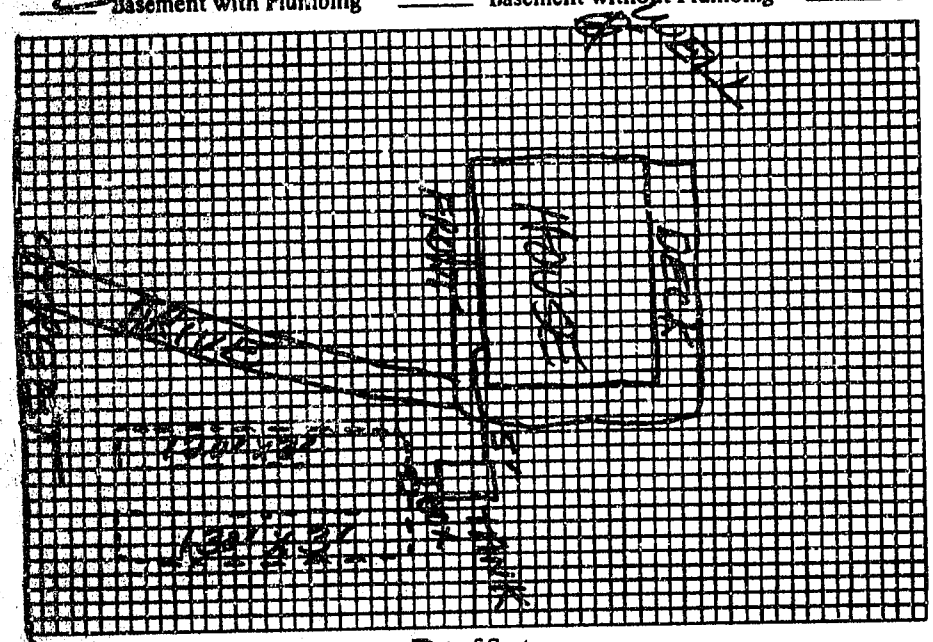
Topography 2-6%

Depth to Water Table 10'+

Rock or other impervious formations None observed.

Lot Area 3.5 acres.

(✓) Basement with Plumbing ____ Basement without Plumbing ____ No Basement



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 12"

Water Supply: Individual (✓)

Public ( )

Installed by Wes Lytton

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

Signed: _____

IMPROVEMENTS PERMIT BY Steve Brown

COMMENTS: Recommended to pipe off gutter downspouts away from S.T. system. Control surface water by creating diversion trench above S.T. system. Remove maples that are near drainlines.

CERTIFICATE OF COMPLETION BY Steve Brown DATE 5-5-88.

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