TOWN OF TROUTMAN.

41851

IREDELL COUNTY HEALTH DEPARTMENT

IMPROVEMENT PERMIT AND CERTIFICATE OF COMPLETION / OPERATIONS PERMIT

OWNER OR CONTRACTOR PRESTON CORNELIUS DATE 4-2-92. PERMIT NO. 3TB16.

PHONE: Business _____ Home _____

LOCATION Hwy 21 S to Troutman - T.R. on Headman Rd. - go to end on left. S.R. No. _____

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

House ✓ Mobile Home ☐ Business ☐ Other HOUSE MOVED ONTO SITE.

No. Bedrooms 2 No. Bathrooms 1

Garbage Disposal Unit Yes ☐ No ✓

Auto. Dishwasher Yes ☐ No ✓

Auto. Wash. Machine Yes ✓ No ☐

Lot Area 38 acres.

Soil Characteristics Clayey.

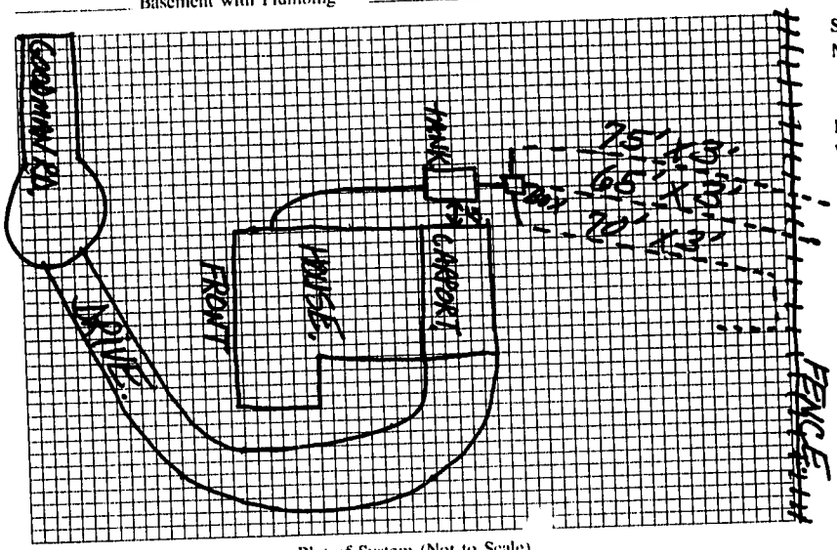
Application Rate 4 gal/sq. ft.

Topography 2-10%

Depth to Water Table 10'+

Rock or other impervious formations none observed.

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



Plot of System (Not to Scale)

Size of Tank 1000 Gals.

Nitrification Field:

No. of Lines 3

Sq. Ft. 630 Linear Ft 210

Depth of Stone in Lines 12

Water Supply: Individual ✓ Public ☐

Installed by James Hudler

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 _____

CERTIFICATE OF COMPLETION BY Steve Brown DATE 4-2-92.

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