TOWN OF TROUTMAN.

IREDELL COUNTY HEALTH DEPARTMENT

IMPROVEMENT PERMIT AND CERTIFICATE OF COMPLETION / OPERATIONS PERMIT

OWNER OR CONTRACTOR CHARLIE C. ROBINSON DATE 8-25-92. PERMIT NO. 3T-B-13.

PHONE: Business _____ Home _____

LOCATION Hwy 21 to Troutman - T.R. on Hoodman Rd. - mobile home beside stick house on R.

S.R. No. _____

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

House ☐ Mobile Home ☑ Business ☐ Other _____

No. Bedrooms 2 No. Bathrooms 1.5 Soil Characteristics Prop. Suitable.

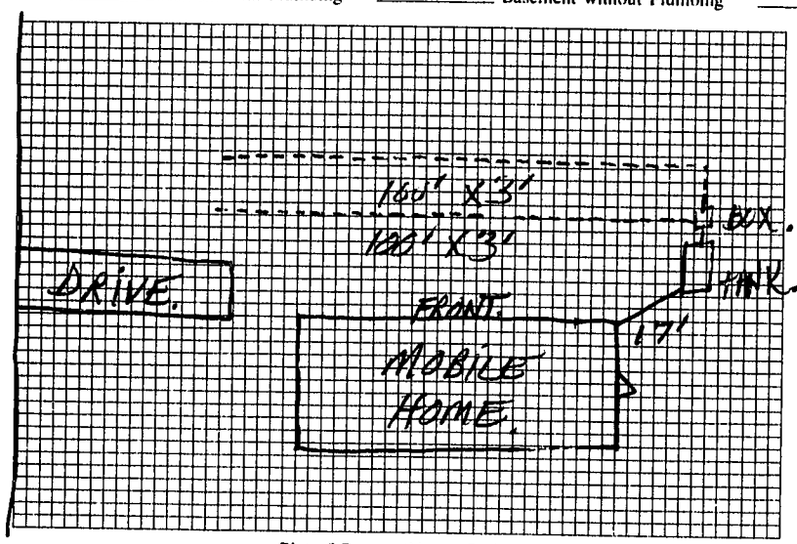
Garbage Disposal Unit Yes ☐ No ☐ Application Rate .4 gal/sq. ft.

Auto. Dishwasher Yes ☐ No ☐ Topography Level

Auto. Wash. Machine Yes ☑ No ☐ Depth to Water Table 10'+

Lot Area Ample. 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 2

Sq. Ft. 600 Lineal Ft. 200

Depth of Stone in Lines 12

Water Supply: Individual ☑ Public ☐

Installed by Jones 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 8-25-92.

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