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 Eugene Troutman DATE 6/28-77 PERMIT NO. _____

PHONE: Business _____ Home _____

LOCATION Pilgrim Circle – South Conn

S. R. No. _____

SUBDIVISION NAME Southwood LOT NO. 47 SECTION OR BLOCK NO. _____

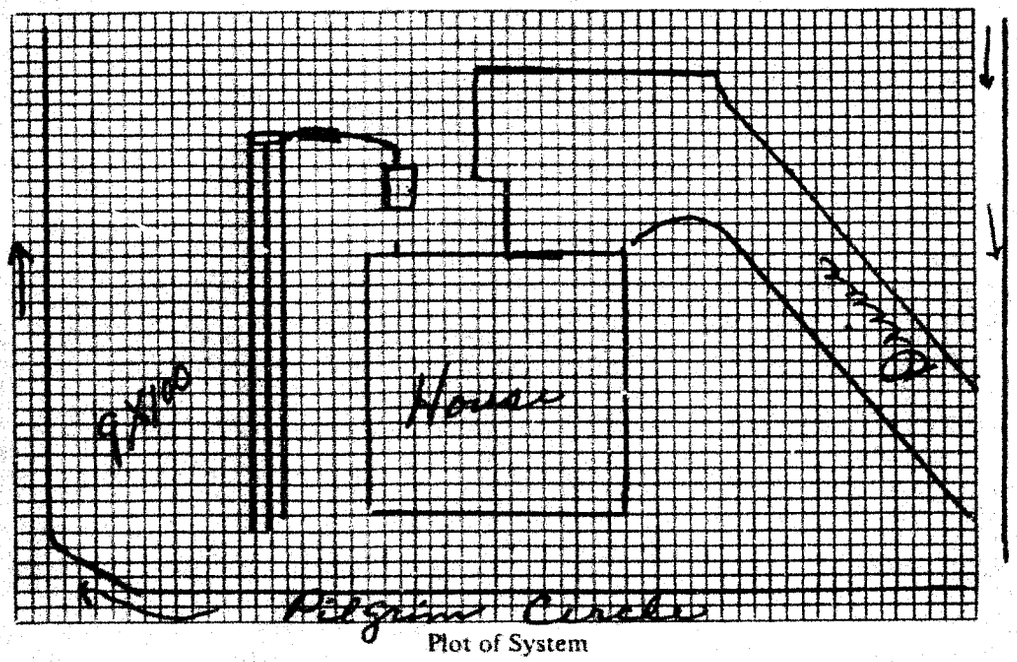
House (✓) Mobile Home ( ) Business ( ) Other _____

No. Bedrooms 3 No. Bathrooms 2

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

Lot Area 20,000 sq/ft

Character & Porosity of Soil C.7. C.2 Red clay (Poor)
Percolation Rate _____
Topography Slope Low
Depth to Water Table None
Rock or other impervious formations _____



Plot of System

Size of Tank 1250 Gals.
Nitrification Field:
No. of Lines 3
Sq. Ft. 900 Linear Ft. 300
Depth of Stone in Lines 10"
Water Supply: Individual (✓)
Public ( )

Installed by Hoke Septic Tank Co.

IMPROVEMENTS PERMIT BY _____

COMMENTS: Surface water needs to be diverted away from septic tank & lines. Maple tree beside drainfield should be taken out.

CERTIFICATE OF COMPLETION BY E. A. Stevenson DATE 6/28/77

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