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 Dewey Lowrance DATE 7/19/77 PERMIT NO. _____

PHONE: Business _____ Home _____

LOCATION Hwy 21 S. T.R. on Barium Circle. T.R. on old Mountain Rd. Trailer on Rt. appx 500' S. R. No. _____

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

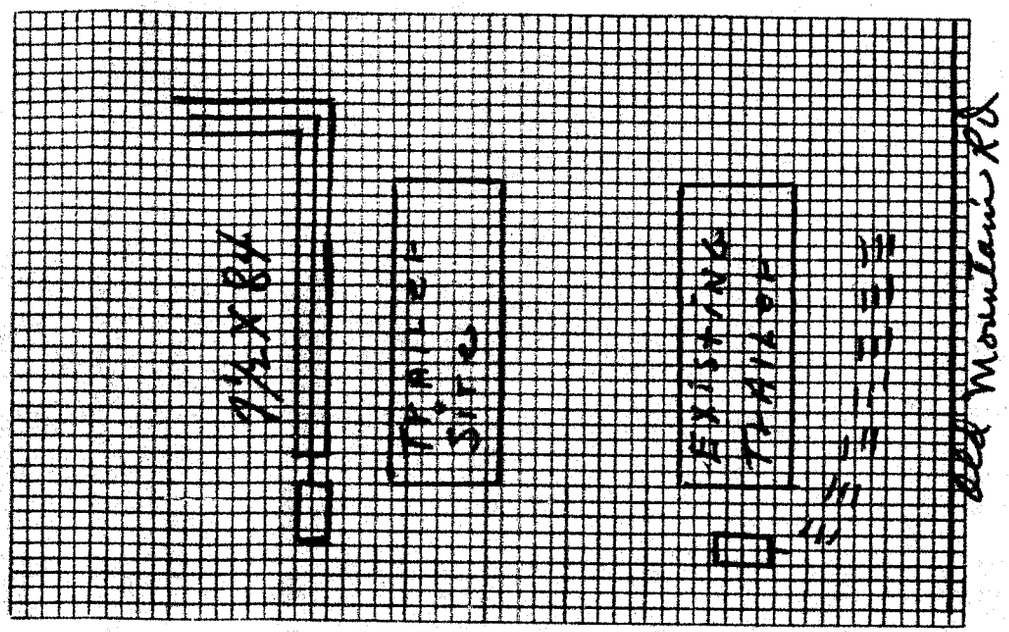
House ( ) Mobile Home (✓) Business ( ) Other _____

No. Bedrooms 3 No. Bathrooms 2

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

Lot Area 100 X 300

Character & Porosity of Soil Cecil Clay (Poor)
Percolation Rate _____
Topography 2% Slope
Depth to Water Table Low
Rock or other impervious formations None



Plot of System

Size of Tank 1000 Gals.
Nitrification Field:
No. of Lines 3
Sq. Ft. 625 Linear Ft. 250
Depth of Stone in Lines _____
Water Supply: Individual ( )
Public (✓)
TROUTMAN
Installed by Sam Osteralt

IMPROVEMENTS PERMIT BY _____

COMMENTS: Trailer Not on lot at time of inspection.

CERTIFICATE OF COMPLETION BY C. A. Stevenson DATE 7/19/77

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