CITY OF STATESVILLE.

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 JAMES B. TROUTMAN II DATE 7-3-90 PERMIT NO 6B-A-45

PHONE: Business _____ Home _____ S. R. No. _____

LOCATION Wallace Springs Rd. off Bland - cross 3rd creek - 250 yards on left

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

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

No. Bedrooms 2 No. Bathrooms 2

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

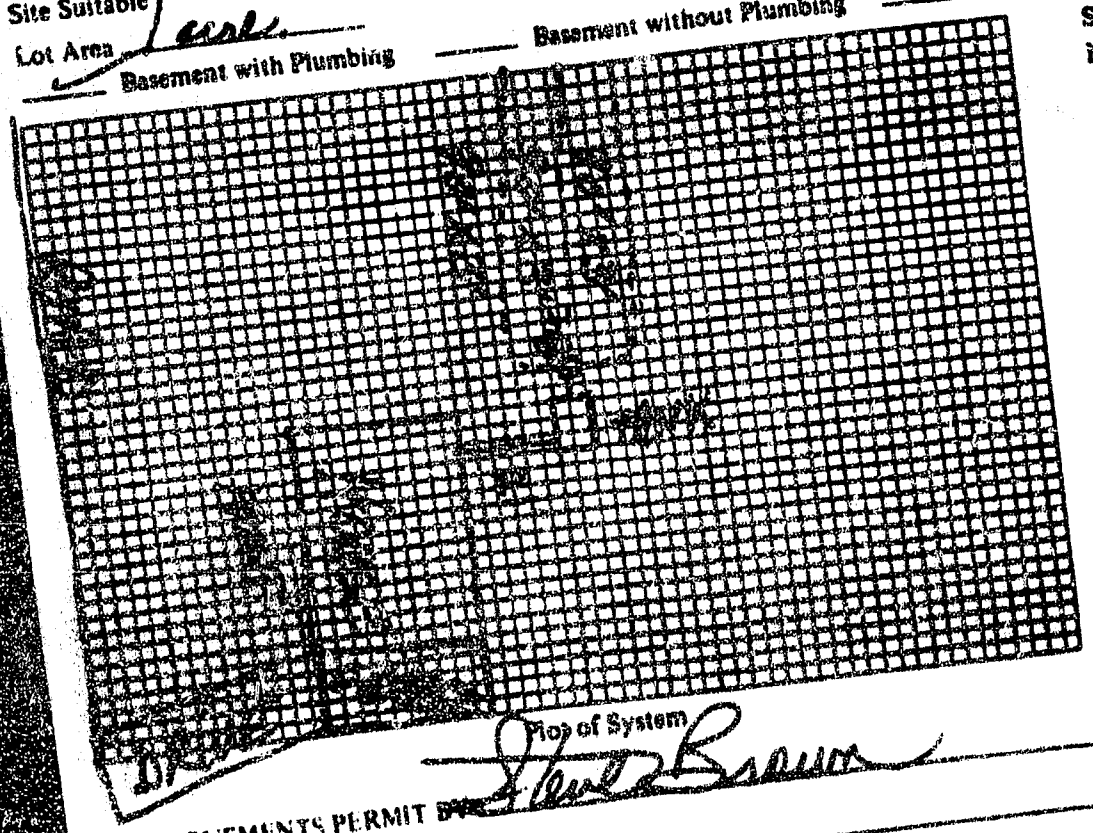
Site Suitable

Lot Area Large.

Basement with Plumbing ____ Basement without Plumbing ____ No Basement

Character & Porosity of Soil Poor Suitable.
Percolation Rate 5-10 min 1" in 4 ft
Topography
Depth to Water Table
Rock or other impervious formations surface rock.

Size of Tank 1000 Gals.
Nitrification Field:
No. of Lines 3 Lineal Ft 270
Sq. Ft. 810
Depth of Stone in Trench 18
Water Supply: Individual ( )
Public ( )



Installed by Wes Lytton

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

Signed: _____

Map of System

IMPROVEMENTS PERMIT BY: Steve Brown

COMMENTS: _____

CERTIFICATE OF COMPLETION BY: Steve Brown & Steve Hedrick DATE 7-3-90

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