Troutman

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 Billy Wallace DATE 05-21-86 PERMIT NO. ____

PHONE: Business ____ Home ____

LOCATION US 21 South thru Troutman, T.R. on Pine State Rd, 6th house on right

SUBDIVISION NAME ____ S. R. No. ____

LOT NO. ____ SECTION OR BLOCK NO. ____

House ( ) Mobile Home ( ) Business ( ) Other Double wide

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

Character & Porosity of Soil Prov. Suitable

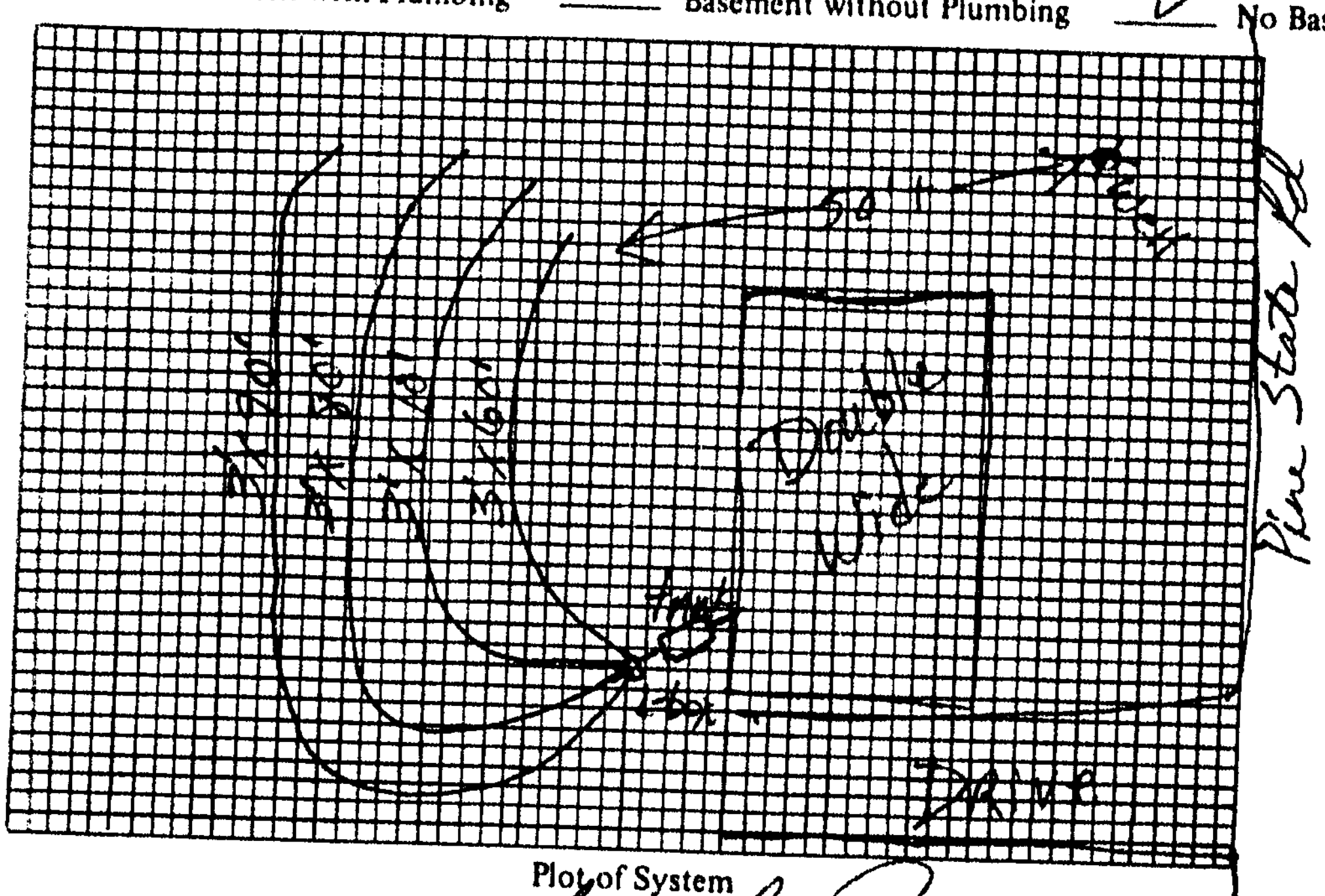
Percolation Rate 0.4 gal/ft² /day

Topography 2-6% slope

Depth to Water Table 10'+

Rock or other impervious formations parent material

____ Basement with Plumbing ____ Basement without Plumbing ✓ No Basement



Plot of System

Size of Tank 1000 Gals.

Nitrification Field:

No. of Lines 4

Sq. Ft. 900 Linear Ft. 300

Depth of Stone in Lines 12"

Water Supply: Individual (✓) Public ( )

Installed by Larry Bean

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

Signed: ____

IMPROVEMENTS PERMIT BY Terry L Pierce

COMMENTS: ____

CERTIFICATE OF COMPLETION BY Terry L Pierce

DATE 05-21-86

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