TOWN OF 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 PAUL C. WAGNER DATE 7-15-88. PERMIT NO. _____

PHONE: Business _____ Home _____

LOCATION Hwy 21 S thru Troutman-T.R. on Autumn Leaf Rd-go 3/8 mi. T.L. on Collis Lake-left on R. near end. S. R. No. _____

SUBDIVISION NAME NORMANDY BREAKS. LOT NO. 49 SECTION OR BLOCK NO. _____

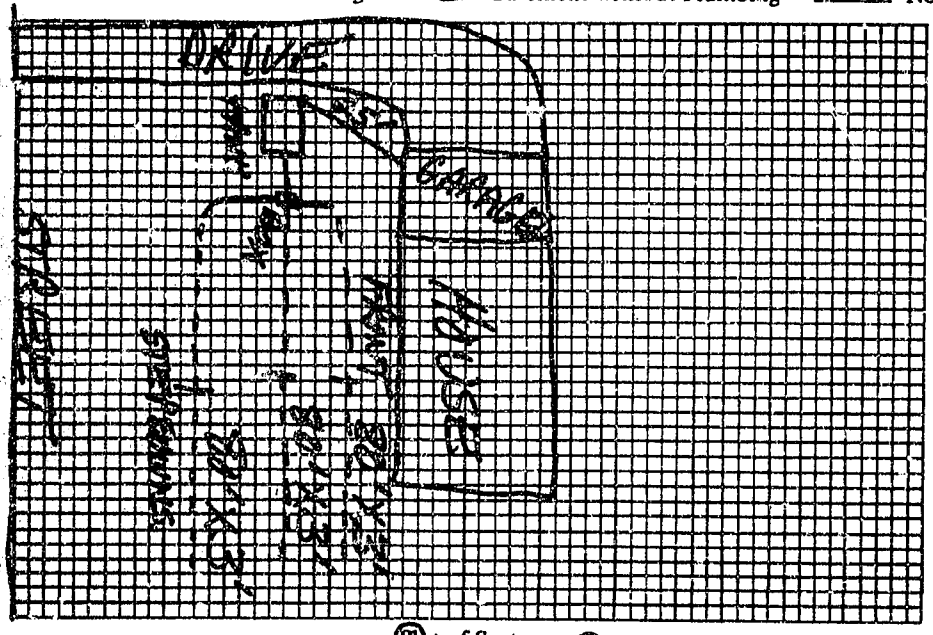
House (✓) Mobile Home ( ) Business ( ) Other _____

No. Bedrooms 3 No. Bathrooms 2.5

Garbage Disposal Unit Yes ( ) No (✓)
Auto. Dishwasher Yes (✓) No ( )
Auto. Wash. Machine Yes (✓) No ( )
Site Suitable Yes (✓) No ( )
Lot Area 34,910 sq. ft.

Character & Porosity of Soil Prev. Suitable.
Percolation Rate 5 Gal./sq. ft.
Topography Level
Depth to Water Table 18+
Rock or other impervious formations scattered rock.

_____ Basement with Plumbing ✓ Basement without Plumbing _____ No Basement



Size of Tank 1250 Gals.
Nitrification Field:
No. of Lines 3
Sq. Ft. 720 Linear Ft. 240
Depth of Stone in Lines 12"
Water Supply: Individual ( )
Public (✓)

Installed by Ray Beam

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

Signed: _____

IMPROVEMENTS PERMIT BY Steve Brown

COMMENTS: _____

CERTIFICATE OF COMPLETION BY Steve Brown DATE 7-15-88.

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