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 HENRY LEWIS DATE 5-14-84 PERMIT NO. _____

PHONE: Business _____ Home _____

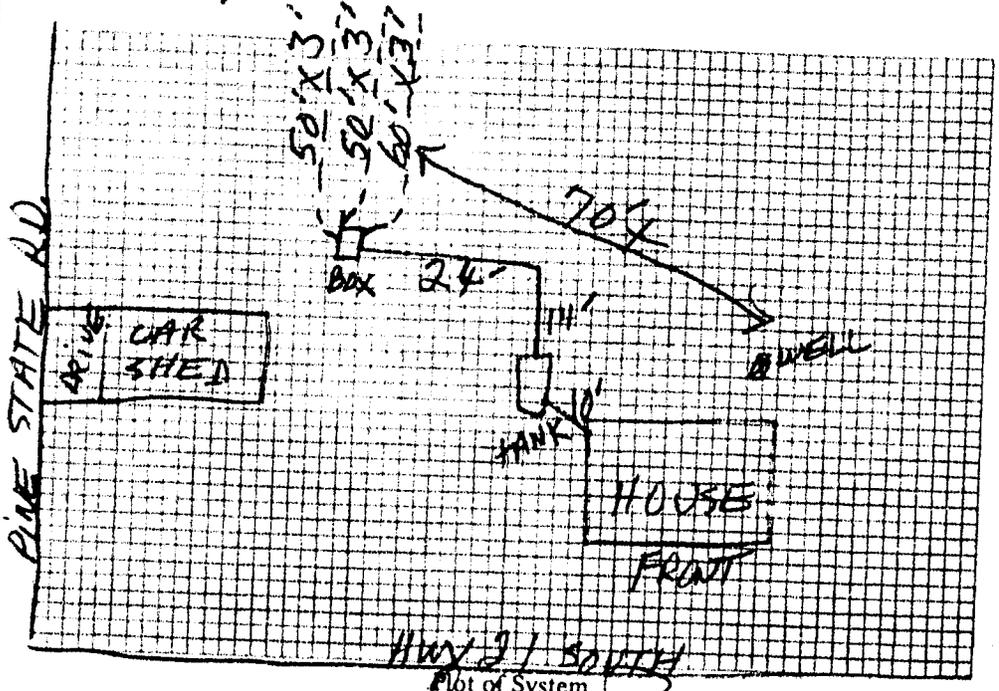
LOCATION Hwy 21 south through Troutman, go approx. 2/3 mi., house on (R) across from Sheriff Machinery Co.

SUBDIVISION NAME _____ LOT NO. _____ SECTION OR BLOCK NO. _____ S. R. No. _____

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

No. Bedrooms _____ No. Bathrooms _____

Garbage Disposal Unit	Yes ( )	No ( )	Character & Porosity of Soil	
Auto. Dishwasher	Yes ( )	No ( )	Percolation Rate	
Auto. Wash. Machine	Yes ( )	No ( )	Topography	
Site Suitable	Yes (✓)	No ( )	Depth to Water Table	Repair
Lot Area Ample			Rock or other impervious formations	



Plot of System

Size of Tank EXISTING Gals.
Nitrification Field:
No. of Lines 3
Sq. Ft. 480 Linear Ft. 160
Depth of Stone in Lines 12"
Water Supply: Individual (✓)
Public ( )

Installed by Sam Osteralt

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

Signed: _____

IMPROVEMENTS PERMIT BY Steve Brown

COMMENTS: Seed grass over new drain lines & landscape over drainfield so water won't stand anywhere on drain lines. Old lines abandoned.

CERTIFICATE OF COMPLETION BY Steve Brown

EXISTING SYSTEM CHECKED BY: _____ DATE 5-14-84

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