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 Bill Goodman DATE 7-10-85 PERMIT NO. _____

PHONE: Business _____ Home _____

LOCATION US 21 S 17th house on left Past Perry Rd In Troutman S. R. No. _____

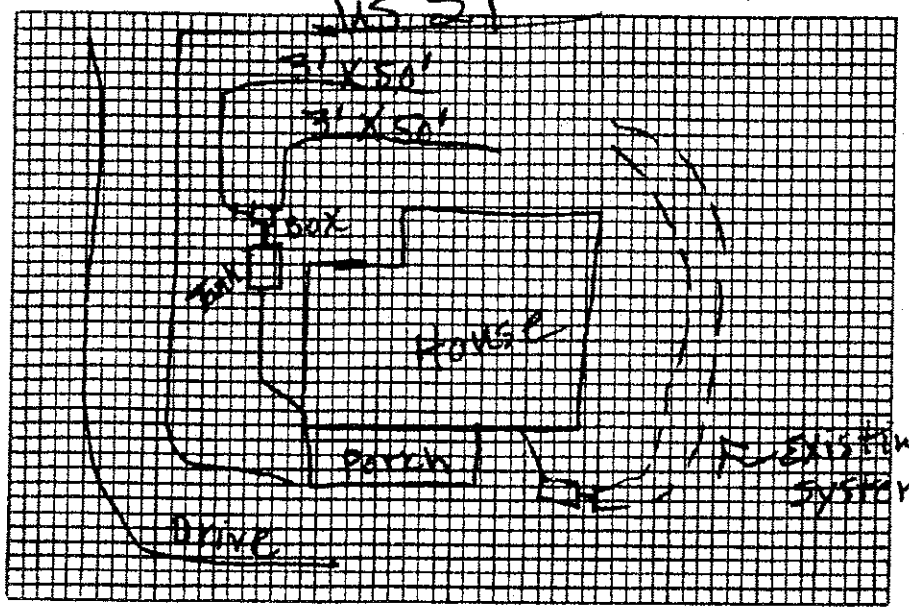
SUBDIVISION NAME _____ LOT NO. _____ SECTION OR BLOCK NO. _____

House ( ✓ ) Mobile Home ( ) Business ( ) Other Washer + Sink Drain System

No. Bedrooms _____ No. Bathrooms _____
Garbage Disposal Unit Yes ( ) No ( )
Auto. Dishwasher Yes ( ) No ( )
Auto. Wash. Machine Yes ( ) No ( )
Site Suitable Yes ( ) No ( )
Lot Area _____

Character & Porosity of Soil Clayey
Percolation Rate 14
Topography 2 to 6 %
Depth to Water Table 10' +
Rock or other impervious formations none

_____ Basement with Plumbing _____ Basement without Plumbing _____ No Basement



Plot of System

Size of Tank 440 Gals.
Nitrification Field:
No. of Lines 2
Sq. Ft. 300 Linear Ft. 100
Depth of Stone in Lines 12"
Water Supply: Individual ( ✓ )
Public ( )

Installed by AAA Enterprizes

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

Signed: _____

IMPROVEMENTS PERMIT BY Terry Pierce 5-16-85 Amended 7-9-85 dcm

COMMENTS: Tie Sink + washer on To System
Run Gutters to Street

CERTIFICATE OF COMPLETION BY L. C. Moore DATE 7-10-85

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