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 Dan Kay DATE 2-1-91 PERMIT NO. _____

PHONE: Business _____ Home _____

LOCATION 21 South past Troutman School Htse on left. 356 S. main St. S. R. No. _____

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

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

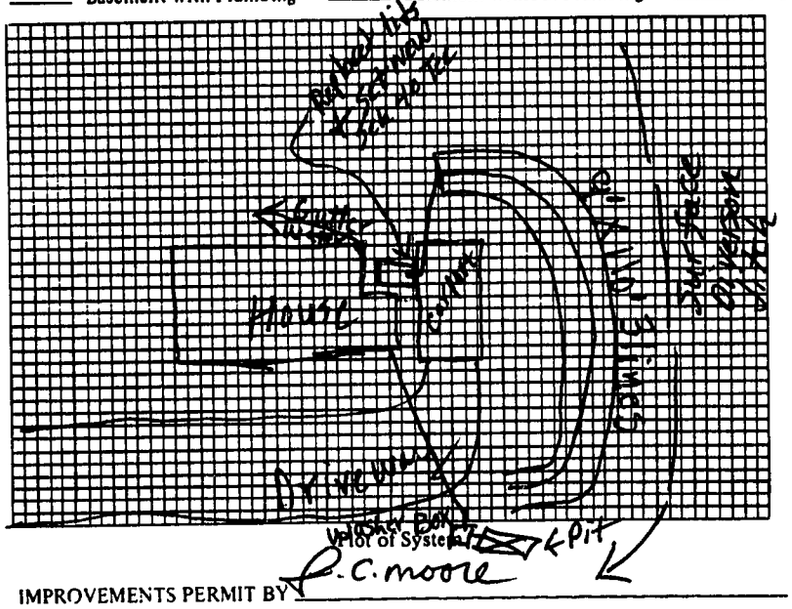
No. Bedrooms _____ No. Bathrooms _____

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

Character & Porosity of Soil Clayey
Percolation Rate 4
Topography 2 to 6%
Depth to Water Table 10'+
Rock or other impervious formations none

Lot Area _____

_____ Basement with Plumbing _____ Basement without Plumbing _____ No Basement



Replaced Lids
Size of Tank EX Gals.
Nitrification Field:
No. of Lines 3
Sq. Ft. 990 Linear Ft. 330
Depth of Stone in Lines 12"
Water Supply: Individual ( )
Public (✓)

Installed by Donald Lackey

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

Signed: _____

+ 75 gal washer box
+ 16 Ton Pit

IMPROVEMENTS PERMIT BY P. C. moore

COMMENTS: Recommend Placing Gutter at back of House to keep roof water off S.T.

CERTIFICATE OF COMPLETION BY P. C. moore DATE 3-1-91

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