## 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 Roger Dale Poole DATE 2-14-91 PERMIT NO. _____

PHONE: Business _____ Home _____

LOCATION 21 S To Troutman TL Perry Rd Past 90° Turn 2nd Hse on Rt. S. R. No. _____

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

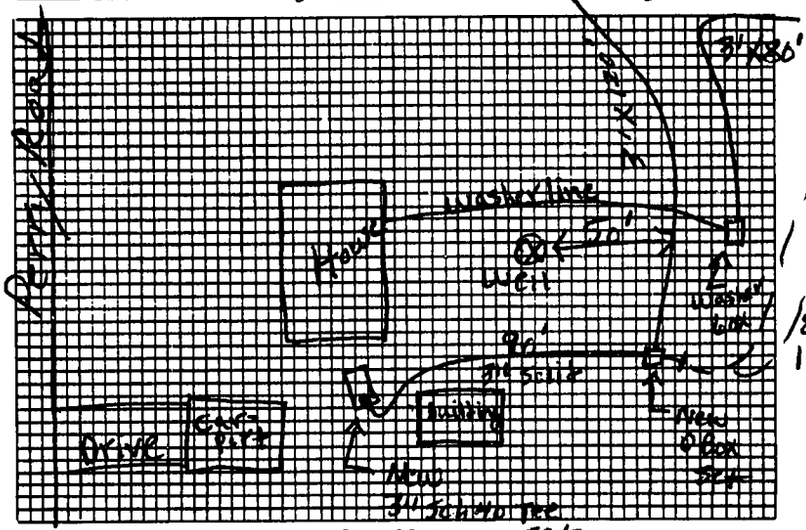
House (✓) Mobile Home ( ) Business ( ) Other Repair

No. Bedrooms _____ No. Bathrooms _____

| | | | | |
|---|---|---|---|---|
| Garbage Disposal Unit | Yes ( ) | No ( ) | Character & Porosity of Soil | Clayey |
| Auto. Dishwasher | Yes ( ) | No ( ) | Percolation Rate | 3 |
| Auto. Wash. Machine | Yes ( ) | No ( ) | Topography | 2 to 6% |
| Site Suitable | Yes ( ) | No ( ) | Depth to Water Table | 10'+ |
| | | | Rock or other impervious formations | none |

Lot Area _____

_____ Basement with Plumbing _____ Basement without Plumbing _____ No Basement



Plot of System

Size of Tank Existing Gals.

Nitrification Field:
No. of Lines 1
Sq. Ft. 360 Linear Ft. 120
Depth of Stone in Lines _____

Water Supply: Individual (✓)
Public ( )

1+ 75 gal washer 60X 80' Drain line

Installed by James Hudler

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

Signed: _____

IMPROVEMENTS PERMIT BY F. C. Moore

COMMENTS: _____

CERTIFICATE OF COMPLETION BY F. C. Moore DATE 2-14-91

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