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 LORENE GILLELAND DATE 1-17-90. PERMIT NO. 41-A-15.

PHONE: Business _____ Home _____

LOCATION Hwy 21 S thru Troutman - T.L. on Trackside Drive - 2nd house on left. S. R. No. _____

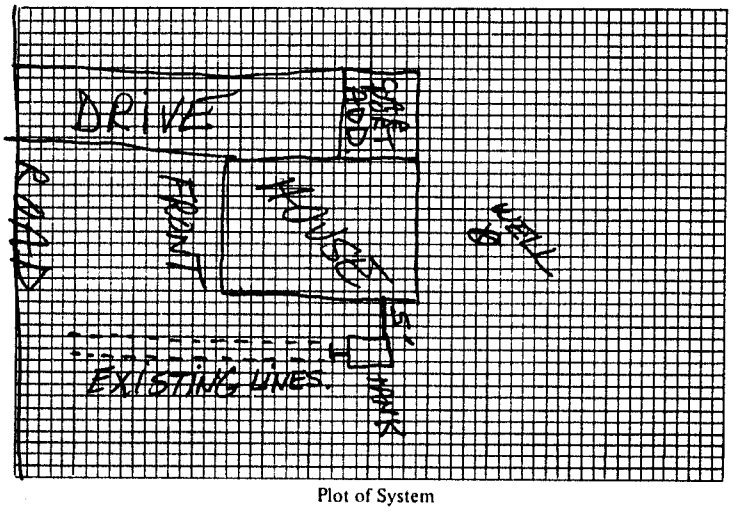
SUBDIVISION NAME _____ LOT NO. 15. SECTION OR BLOCK NO. _____

House (✓) Mobile Home ( ) Business ( ) Other Addition of carport.

No. Bedrooms _____ No. Bathrooms _____

| | | | | |
|---|---|---|---|---|
| Garbage Disposal Unit | Yes ( ) | No ( ) | Character & Porosity of Soil | EXISTING SEPTIC |
| Auto. Dishwasher | Yes ( ) | No ( ) | Percolation Rate | |
| Auto. Wash. Machine | Yes ( ) | No ( ) | Topography | |
| Site Suitable | Yes (✓) | No ( ) | Depth to Water Table | TANK SYSTEM. |
| Lot Area 4.88 acres. | | | Rock or other impervious formations | |

_____ Basement with Plumbing _____ Basement without Plumbing ✓ No Basement




Plot of System

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

Installed by _____

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

Signed: _____

IMPROVEMENTS PERMIT BY _____

COMMENTS: Existing septic tank system functioning properly at the time of inspection.

CERTIFICATE OF COMPLETION BY _____ DATE _____

EXISTING SYSTEM CHECKED BY Steve Brown DATE 1-17-90.

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