10300.

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 DARRELL MATTHEWS DATE 11-1-82 PERMIT NO. HM-A-76

PHONE: Business _____ Home _____

LOCATION Troutman 15N-T.L. on Mt. View 2nd T.L. on Brooklawn Rd.-T.L. on Shumaker Rd.-2nd on left. S. R. No. _____

SUBDIVISION NAME _____ LOT NO. 6 SECTION OR BLOCK NO. _____

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

No. Bedrooms 3 No. Bathrooms 2

Garbage Disposal Unit Yes ( ) No (✓)

Auto. Dishwasher Yes (✓) No ( )

Auto. Wash. Machine Yes (✓) No ( )

Site Suitable Yes (✓) No ( )

Lot Area 1 acre

Character & Porosity of Soil Fair Suitable

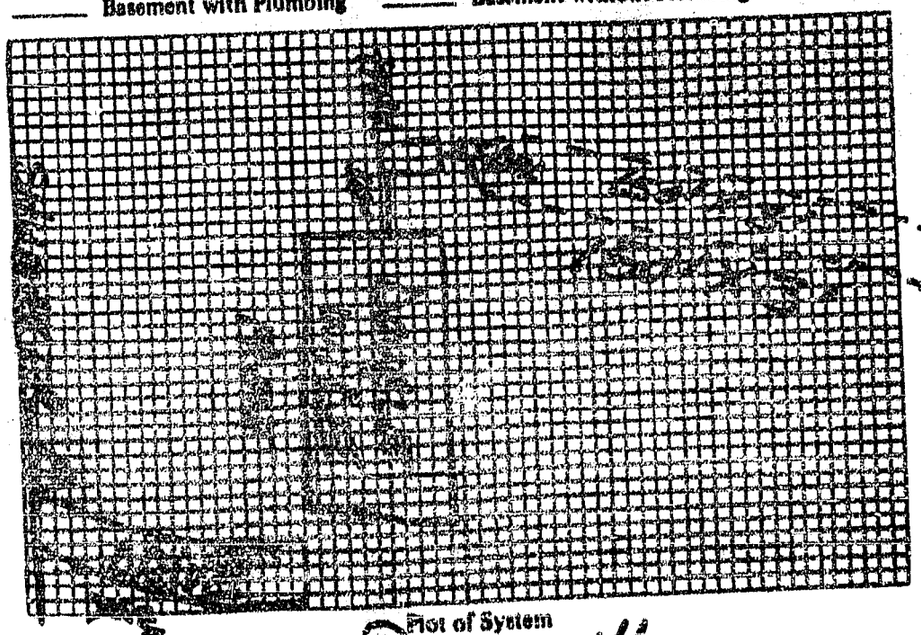
Percolation Rate 2 Min/Inch

Topography Level

Depth to Water Table 10'

Rock or other impervious formations sandrock

_____ Basement with Plumbing _____ Basement without Plumbing ✓ No Basement



Plot of System

Size of Tank 1000 Gals.

Nitrification Field:

No. of Lines 2

Sq. Ft. 300 Linear Ft. 300

Depth of Stone in Lines 11"

Water Supply: Individual (✓)
Public ( )

Installed by Frost Linford

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

Signed: _____

IMPROVEMENTS PERMIT BY Dawn Weaver

COMMENTS: _____

CERTIFICATE OF COMPLETION BY Dawn Weaver DATE 11-1-82

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