# 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 ZIMMER PATIENT CARE DATE 9-27-84 PERMIT NO. _____

PHONE: Business _____ Home _____

LOCATION I-40 west, T.L. on Old Mtn. Rd. - 2nd warehouse on left.

S. R. No. _____

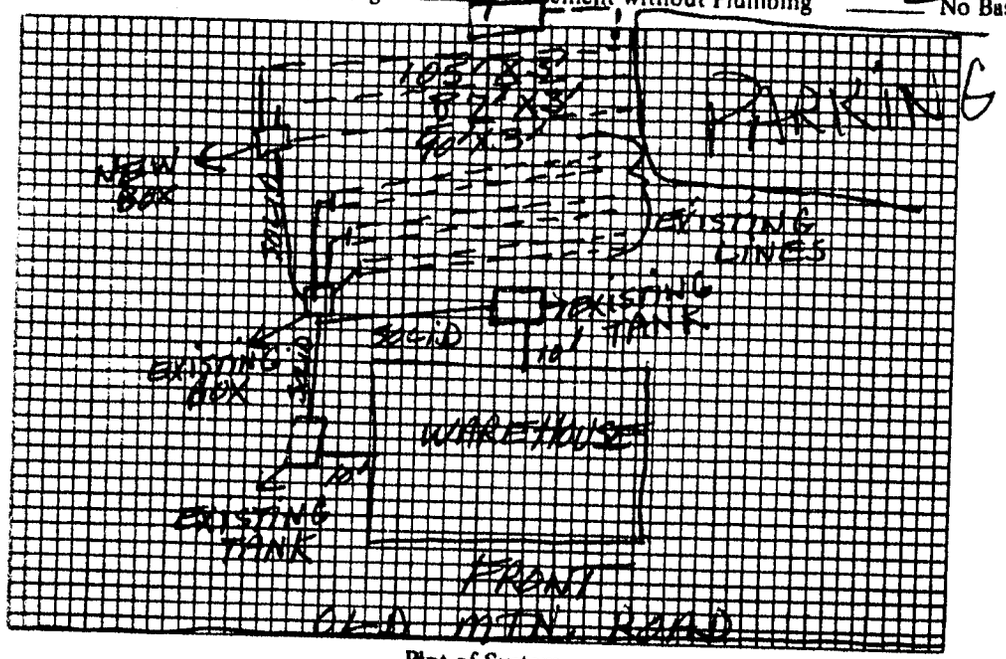
SUBDIVISION NAME _____ LOT NO. _____ SECTION OR BLOCK NO. _____

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

No. Bedrooms _____ No. Bathrooms 6

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

_____ Basement with Plumbing 13 TON PIT. Basement without Plumbing _____ No Basement ✓




Plot of System

Size of Tank EXISTING Gals.
Nitrification Field:
No. of Lines 3
Sq. Ft. 846 Linear Ft. 282
Depth of Stone in Lines 12"
Water Supply: Individual ( )
Public (✓)

PLUS A 13 TON PIT.

Installed by Barry Sigmon

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

Signed: _____

IMPROVEMENTS PERMIT BY Steve Brown

COMMENTS: Plumbing fixtures need to be checked for leaks. While repairs/alterations taking place - effluent was running through tanks continuously. Do not pave or drive over drain lines.

CERTIFICATE OF COMPLETION BY Steve Brown DATE 9-27-84

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