02244

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: ROMAC METALS DATE: 10-22-84 PERMIT NO. ____

PHONE: Business ____ Home ____

LOCATION: Hwy 21 south, T.R. on Perth Church Rd. in Troutman, T.R. on State Park Rd – approx. 3/4 mi. on left of Honeycutt Rd. S. R. No. ____

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

House ( ) Mobile Home ( ) Business (✓) Other: Remodeling interior of bldg.

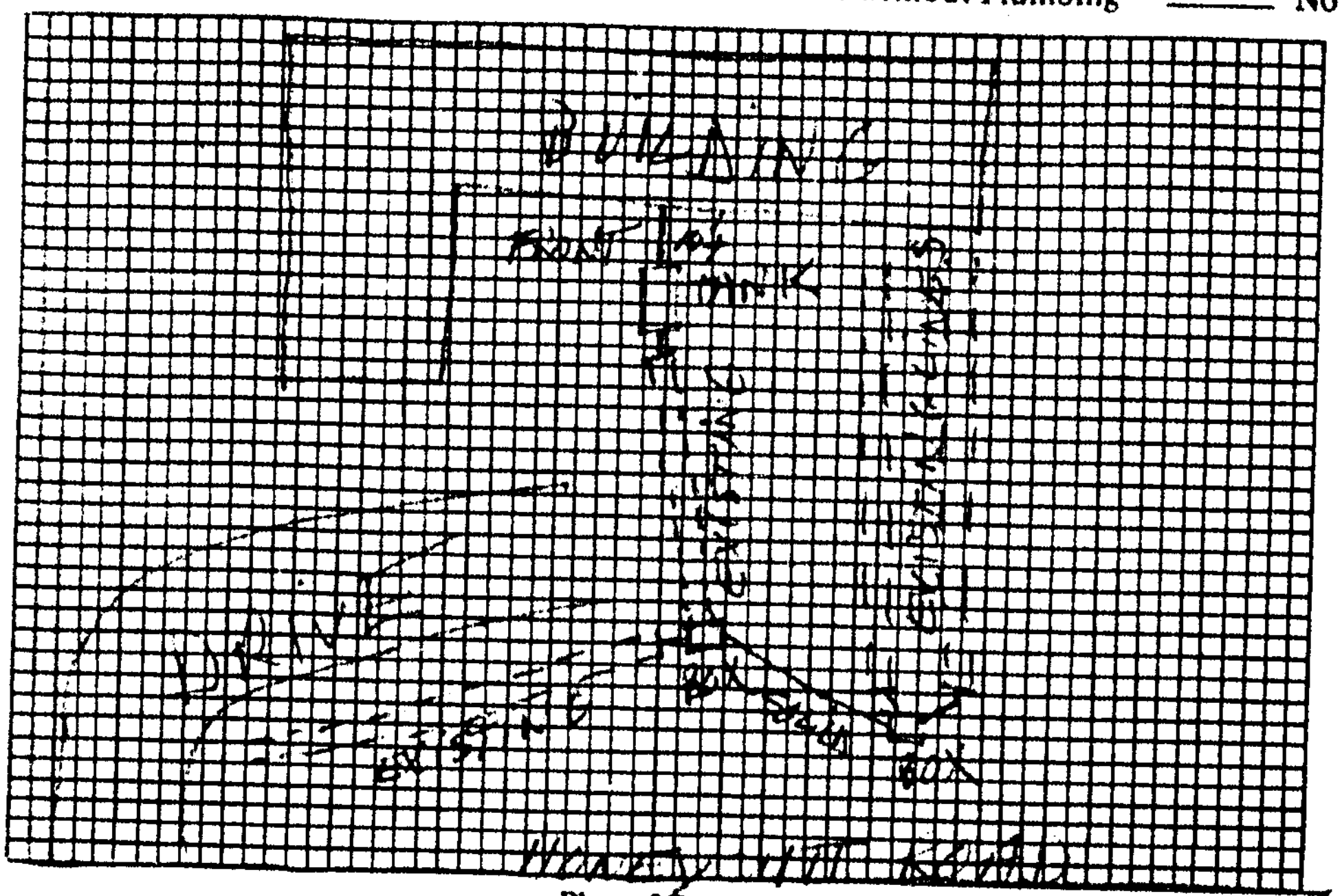
No. Bedrooms ____ No. Bathrooms: 4

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

Lot Area: Ample

Character & Porosity of Soil ____
Percolation Rate: EXISTING SEPTIC
Topography ____
Depth to Water Table ____
Rock or other impervious formations: TANK SYSTEM.

____ 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: Two bathrooms are being added to interior of building but employee number will be reduced from 35 to 22. After remodeling facility will be used for offices, breakarea and training facility. EXISTING system functioning properly at time of inspection.

CERTIFICATE OF COMPLETION BY ____ DATE ____

EXISTING SYSTEM CHECKED BY: Steve Brown DATE: 10-22-84.

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