04086

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 1-29-86 PERMIT NO. _____

PHONE: Business _____ Home _____

LOCATION Perth Church Rd. from Troutman - T R on State Park Rd. - then T. L. on Honeycutt Rd. - ¼ mi. on left - last bldg. of Romac.

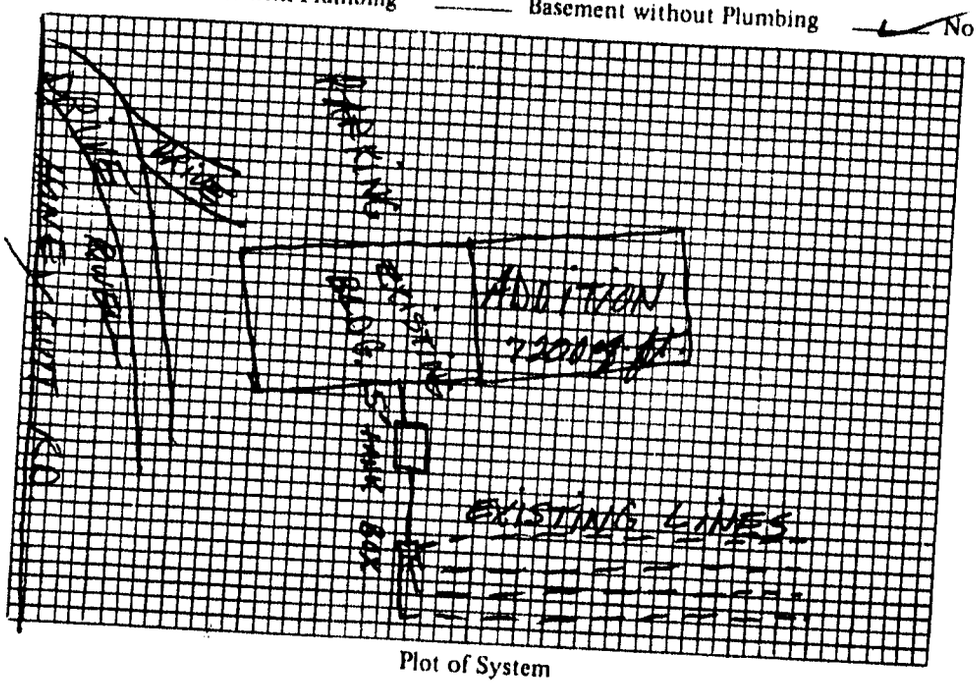
SUBDIVISION NAME _____ LOT NO. 2 SECTION OR BLOCK NO. _____ S. R. No. _____

House ( ) Mobile Home ( ) Business (✓) Other Addition of storage bldg. - no plumbing.

No. Bedrooms — No. Bathrooms NO

Garbage Disposal Unit	Yes ( )	No (✓)	Character & Porosity of Soil	
Auto. Dishwasher	Yes ( )	No (✓)	Percolation Rate	EXISTING SEPTIC
Auto. Wash. Machine	Yes ( )	No (✓)	Topography	
Site Suitable	Yes (✓)	No ( )	Depth to Water Table	
Lot Area EXISTING			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: Existing septic tank system functioning properly at the time of inspection.

CERTIFICATE OF COMPLETION BY _____

EXISTING SYSTEM CHECKED BY: Steve Brown DATE 1-29-86.

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