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 METAL RITE FABRICATIONS DATE 7-7-87 PERMIT NO. _____

PHONE: Business _____ Home _____

LOCATION Hwy 21S thru Troutman - T.R. on Byers Rd. - go approx. 1/2 mi. on left. S. R. No. _____

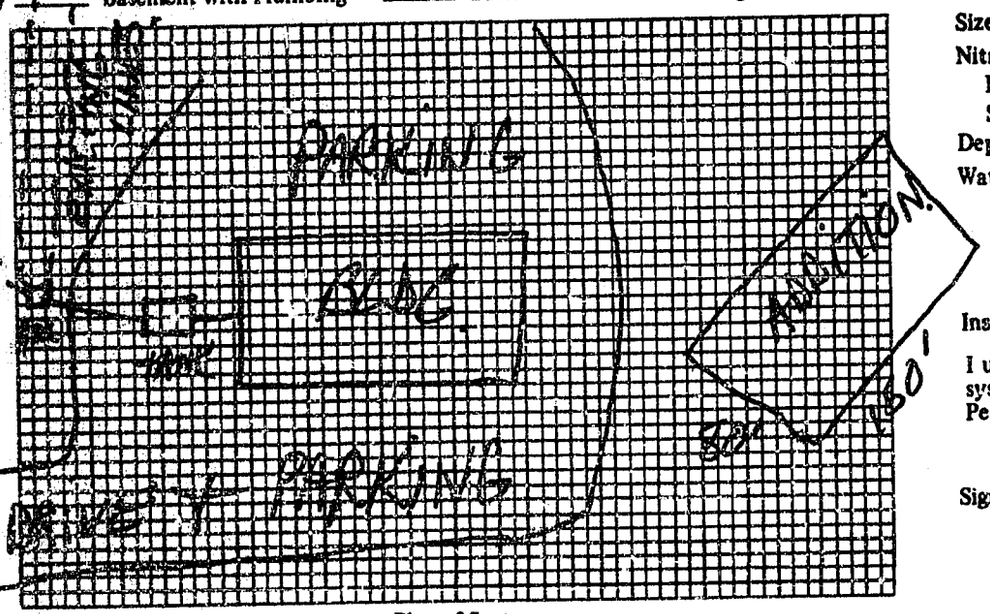
SUBDIVISION NAME _____ LOT NO. _____ SECTION OR BLOCK NO. _____

House ( ) Mobile Home ( ) Business (✓) Other Addition to storage bldg.

No. Bedrooms —	No. Bathrooms —			Character & Porosity of Soil	
Garbage Disp. Unit	Yes ( )	No (✓)		Percolation Rate	EXISTING SEPTIC
Auto. Dishwasher	Yes ( )	No (✓)		Topography	
Auto. Wash. Machine	Yes ( )	No (✓)		Depth to Water Table	TANK SYSTEM.
Site Suitable	Yes (✓)	No ( )		Rock or other impervious formations	

Lot Area Ample

— 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. Rough in plumbing for toilet in addition is present but will not be used for a toilet at this time. An area for a septic tank system has been approved/designated.

CERTIFICATE OF COMPLETION BY _____ DATE _____

EXISTING SYSTEM CHECKED BY: Steve Brown DATE 7-7-87.

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