10548

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 KEVIN SIGMON DATE 9-20-89 PERMIT NO. D13.

PHONE: Business _____ Home _____

LOCATION Hwy 64-70 W past White Oaks-T.R. into Ashley Acres just before Stewarts Store-300' on (R). S. R. No. _____

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

STORAGE BLDG. RES.

House (✓) Mobile Home ( ) Business ( ) Other May build house later.

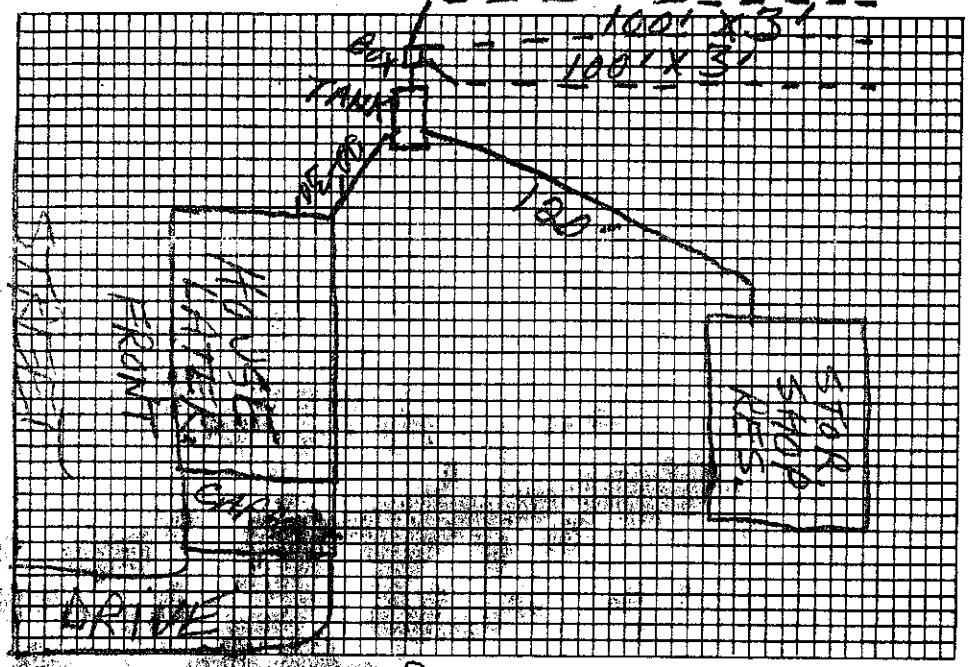
No. Bedrooms 3 IN HOUSE. No. Bathrooms 4

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

Character & Porosity of Soil Prev. Suitable.
Percolation Rate 5 min./in. ft.
Topography 2-6%
Depth to Water Table 10'+
Rock or other impervious formations scattered rock.

Lot Area 4 acres.

___ Basement with Plumbing ___ Basement without Plumbing ___ No Basement



Plot of System

Size of Tank 1500 Gals.
Nitrification Field:
No. of Lines 3
Sq. Ft. 900 Linear Ft. 300
Depth of Stone in Lines 12
Water Supply: Individual ( )
Public (✓)

Installed by Kevin Sigmon

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

Signed: _____

IMPROVEMENTS PERMIT BY Steve Brown

COMMENTS: System designed for 3 Bedr. house later with storage shop + plumbing in shop.

CERTIFICATE OF COMPLETION BY Steve Brown DATE 9-20-89.

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