02767

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 HENRY + RUBY SIGMON DATE 3-27-85 PERMIT NO. _____

PHONE: Business _____ Home _____

LOCATION I40 west - T.L. on Sharon Sch. Rd. - apprx. 1/2 mi. on left. Enter dev. - 100 yards on R.

SUBDIVISION NAME SHARON RIDGE DEV. LOT NO. 17 S. R. No. _____ SECTION OR BLOCK NO. _____

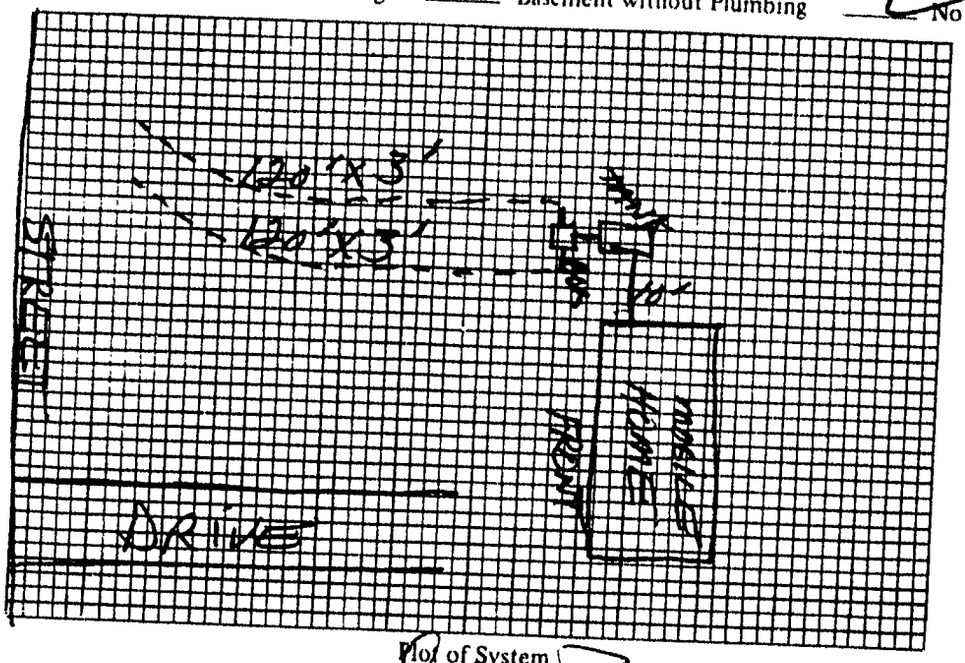
House ( ) Mobile Home (✓) Business ( ) Other _____

No. Bedrooms 2-3 No. Bathrooms 1-2

Garbage Disposal Unit	Yes ( )	No (✓)	Character & Porosity of Soil	Prev. Suitable
Auto. Dishwasher	Yes ( )	No (✓)	Percolation Rate	~~1 gal./sq.ft.~~
Auto. Wash. Machine	Yes (✓)	No ( )	Topography	2-6%
Site Suitable	Yes (✓)	No ( )	Depth to Water Table	10
			Rock or other impervious formations	none observed.

Lot Area Ample

_____ Basement with Plumbing _____ Basement without Plumbing ✓ No Basement



Plot of System

Size of Tank 1000 Gals.

Nitrification Field:
No. of Lines 2
Sq. Ft. 720 Linear Ft. 240
Depth of Stone in Lines 12"

Water Supply: Individual ( )
Public (✓)

Installed by AAA ENTERPRISES

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

Signed: _____

IMPROVEMENTS PERMIT BY Steve Brown

COMMENTS: _____

CERTIFICATE OF COMPLETION BY Steve Brown

EXISTING SYSTEM CHECKED BY: _____ DATE 3-27-85

CONSTRUCTION MUST COMPLY WITH ALL OTHER APPLICABLE STATE AND LOCAL REGULATIONS. DATE _____

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