05443

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 LARRY SIGMON DATE 10-22-86 PERMIT NO. _____

PHONE: Business _____ Home _____

LOCATION Morrison Farm Rd. off Duke Power State Park Rd. - T. L. on Daymaid Cut-thru T. R. at STOP SIGN - 3/8 mi. on left. _____

SUBDIVISION NAME SECTION 17 S. R. No. _____

LOT NO. 67 SECTION OR BLOCK NO. _____

House ( ) Mobile Home ( ) Business ( ) Other May Cut House, later with ~~Garbage~~ Disposal.

No. Bedrooms 3 No. Bathrooms 2

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

Lot Area Ample

Character & Porosity of Soil Prov. Suitable.

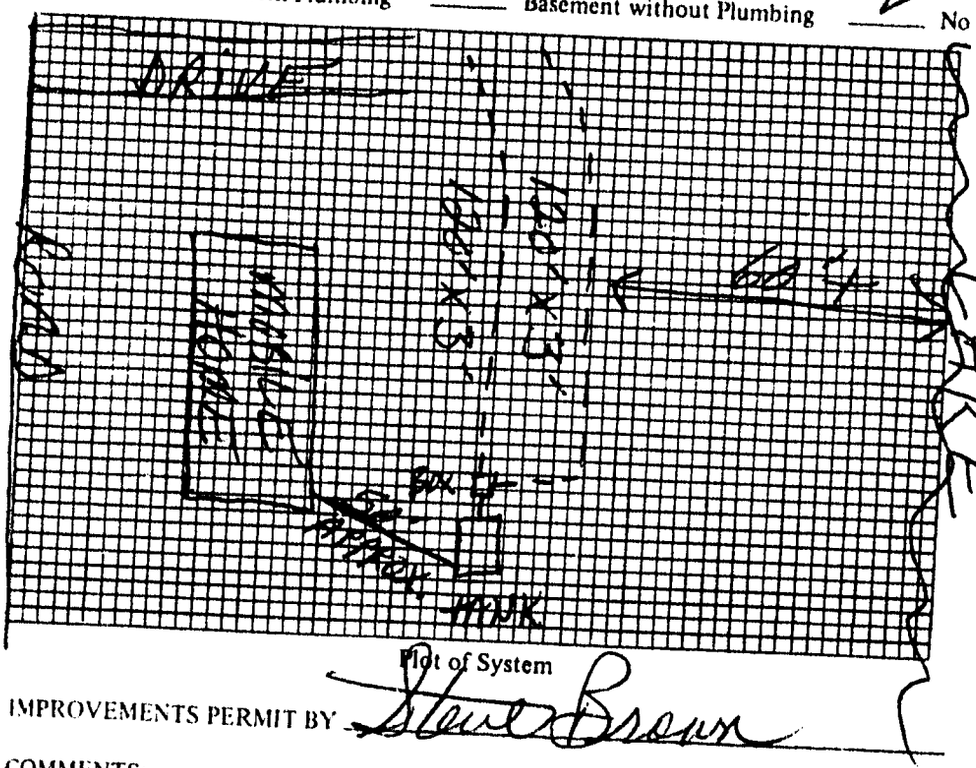
Percolation Rate ~~5 gal./sq. ft.~~

Topography 2-6%

Depth to Water Table 10+

Rock or other impervious formations None observed.

_____ Basement with Plumbing _____ Basement without Plumbing ✓ No Basement



Plot of System

Size of Tank 1250 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 Wes Lytton

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 10-22-86.

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