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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 Grady Sigmon DATE 1-16-86 PERMIT NO. 22

PHONE: Business _____ Home _____

LOCATION 1100 TR 1179 (CANVASBACK TR DRAKE 2nd house ON left

S. R. No. _____

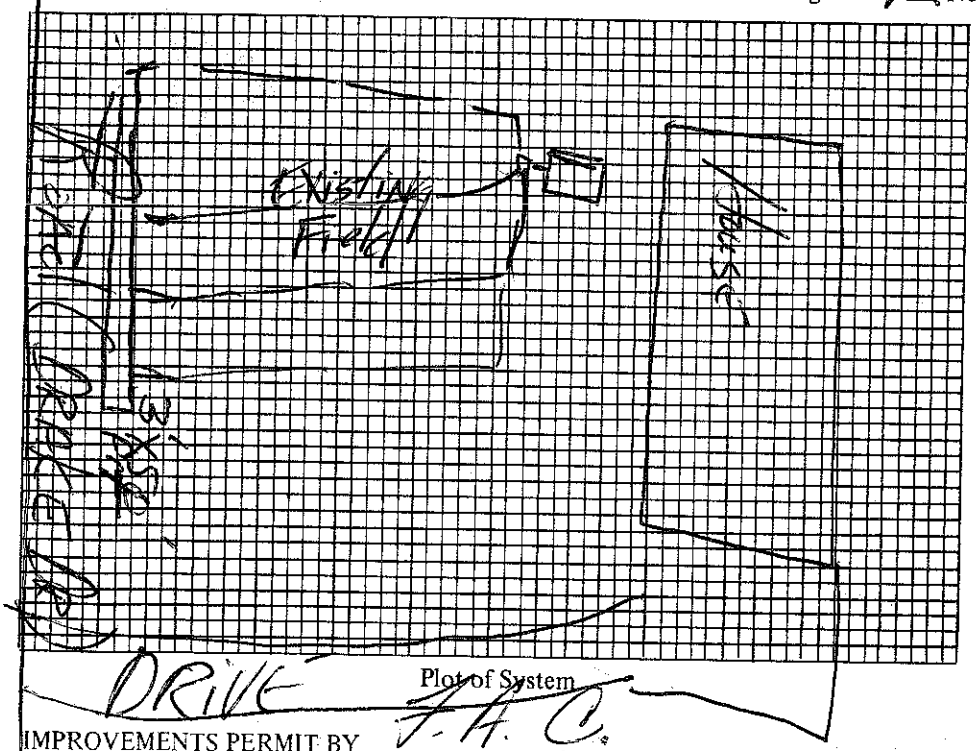
SUBDIVISION NAME MALLARD Head LOT NO. _____ SECTION OR BLOCK NO. _____

House (X) Mobile Home ( ) Business ( ) Other Repair

No. Bedrooms 3 No. Bathrooms 2

Garbage Disposal Unit	Yes ( )	No (X)	Character & Porosity of Soil		
Auto. Dishwasher	Yes (X)	No ( )	Percolation Rate	Existing	
Auto. Wash. Machine	Yes (X)	No ( )	Topography		
Site Suitable	Yes (X)	No ( )	Depth to Water Table	System	
Lot Area 20,000FT²			Rock or other impervious formations		

_____ Basement with Plumbing _____ Basement without Plumbing X No Basement



Plot of System

Size of Tank Existing Gals.

Nitrification Field:
No. of Lines 7
Sq. Ft. 150 Linear Ft. 50 FT
Depth of Stone in Lines 4" STONE

Water Supply: Individual ( )
Public (X)
Comm. H2O System

Installed by Sigmon Septic

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

Signed: _____

IMPROVEMENTS PERMIT BY J. H. C.

COMMENTS: put 4 FT STONE in trench in lieu of 2nd line (3FT) – OK Layout CHANGE 1-14-86

CERTIFICATE OF COMPLETION BY Joel Clemmer DATE 1-16-86

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