11450.

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 GLENN SIGMON DATE 6-4-90 PERMIT NO 90-A-68

PHONE: Business _____ Home _____

LOCATION Jennings Ferry Pl. off Watts Rd. - go to Eagle Rd. - T.R. - go one mile on left. S. R. No. _____

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

House ( ) Mobile Home (✓) Business ( ) Other Many Lewis Acres Estates

No. Bedrooms 2 No. Bathrooms 1 Character & Porosity of Soil Loam Suitable.

Garbage Disposal Unit Yes ( ) No (✓) Percolation Rate _____

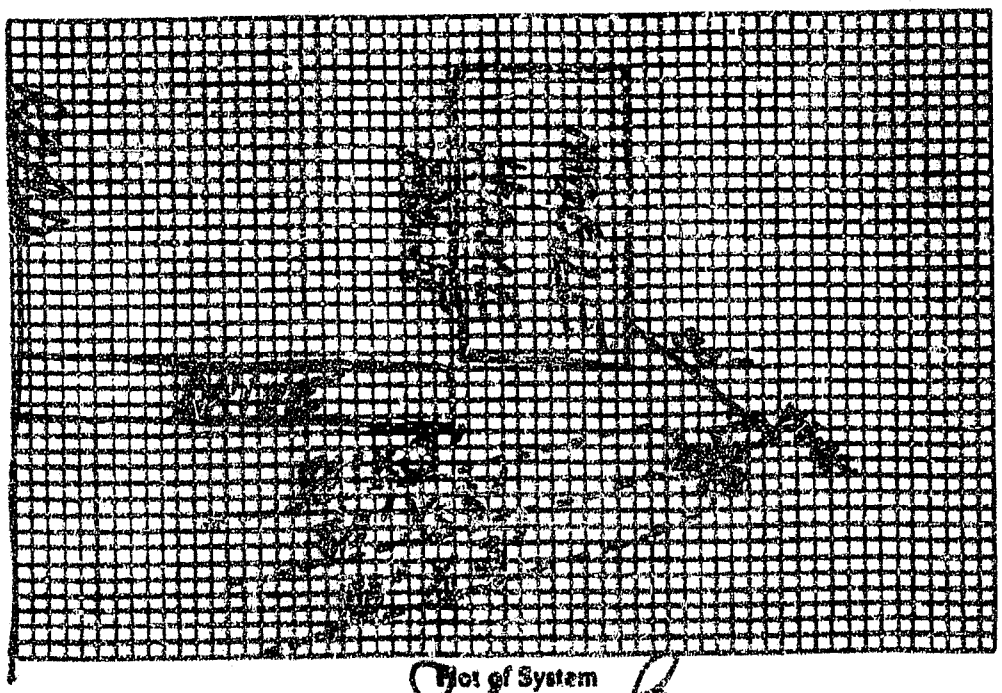
Auto. Dishwasher Yes ( ) No (✓) Topography _____

Auto. Wash. Machine Yes (✓) No ( ) Depth to Water Table 10+

Site Suitable Yes (✓) No ( ) Rock or other impervious formations Mica Schist

Lot Area 1.8 Acres

_____ Basement with Plumbing _____ Basement without Plumbing ✓ No Basement



Size of Tank 1000 Gals.

Nitrification Field:
No. of Lines 3
Sq. Ft. 120 Lineal Ft. 240
Depth of Stone in Lines 18

Water Supply: Individual (✓)
Public ( )

Installed by Tommy Cathren

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

Signed X _____

Plot of System

IMPROVEMENTS PERMIT BY Steve Brown

COMMENTS: _____

CERTIFICATE OF COMPLETION BY Steve Brown DATE 6-7-90

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