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 8/29/78 PERMIT NO. _____

PHONE: Business _____ Home _____

LOCATION Hwy 21 S T.R. on Rd #1460 Byers Basinn Springs T.R. on 1416 House at end of Strut. S. R. No. _____

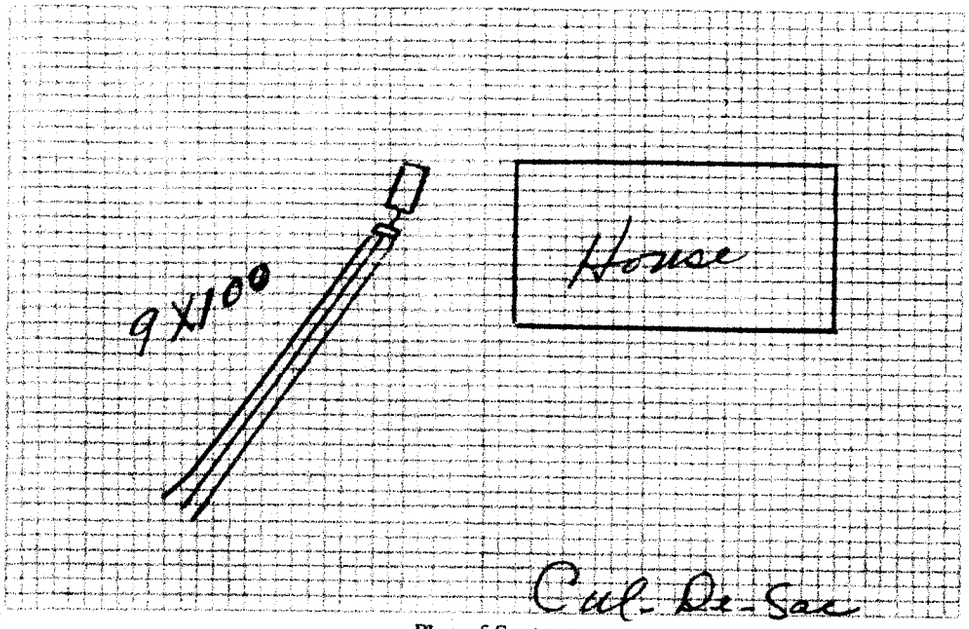
SUBDIVISION NAME Marigold Acres LOT NO. _____ SECTION OR BLOCK NO. _____

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

No. Bedrooms 4 No. Bathrooms 3

Garbage Disposal Unit	Yes (✓)	No ( )	Character & Porosity of Soil	Prod Suitable
Auto. Dishwasher	Yes (✓)	No ( )	Percolation Rate	
Auto. Wash. Machine	Yes (✓)	No ( )	Topography	Slope Low
Site Suitable	Yes (✓)	No ( )	Depth to Water Table	
			Rock or other impervious formations	None

Lot Area 2 Acres



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 16"
Water Supply: Individual (✓)
Public ( )

Installed by Hoke Septic Tank Co

IMPROVEMENTS PERMIT BY _____

COMMENTS: Water from downspouts and all surface water possible should be diverted away from septic Tank & lines

CERTIFICATE OF COMPLETION BY E. C. Stevenson DATE 8/29/78

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

Health Dept. Copy: White Inspection Dept. Copy: Yellow Sanitarian's Copy: Pink Owner's Copy: Gold