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 Signon DATE 5/25/78 PERMIT NO. _____

PHONE: Business _____ Home _____

LOCATION Hwy 21 S - T.R. on 1460 Before Barium Springs - T.R. on 1416 House at end of Street 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 ( )

Auto. Dishwasher Yes (✓) No ( )

Auto. Wash. Machine Yes (✓) No ( )

Site Suitable Yes (✓) No ( )

Lot Area 2 Acres

Character & Porosity of Soil Prov Suitable

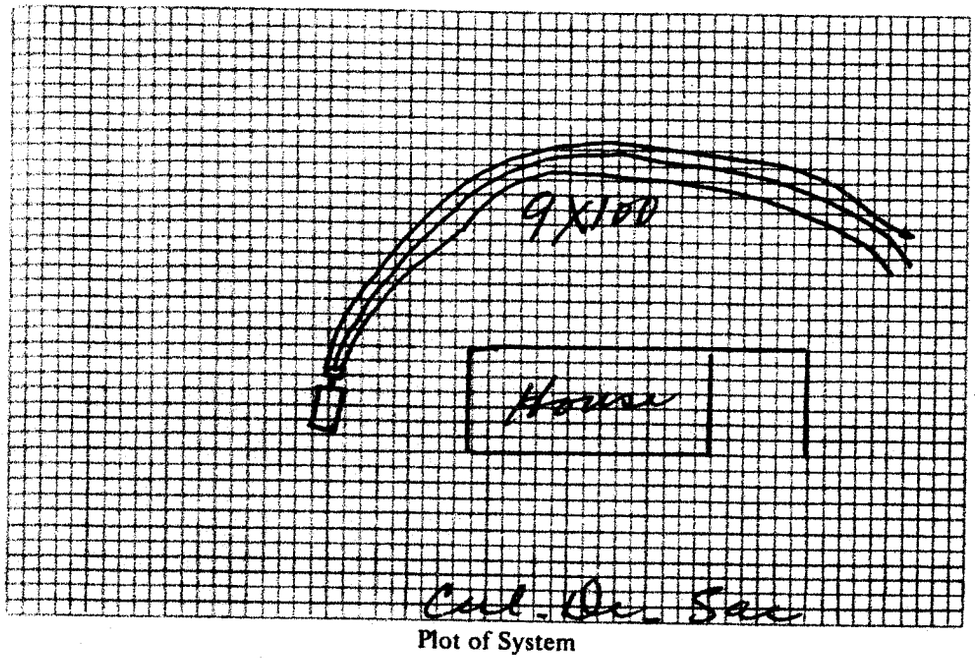
Percolation Rate _____

Topography Steep Slope

Depth to Water Table Low

Rock or other impervious formations None Noted

Stream ↑



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 _____

IMPROVEMENTS PERMIT BY _____

COMMENTS: Well to be 100' away from septic Tank area. Lines for Drainfield to be put on contour of land and any trees necessary for this installation will be removed

CERTIFICATE OF COMPLETION BY E. A. Stevenson DATE 5/25/78

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