IREDELL COUNTY HEALTH DEPARTMENT

(SEPTIC TANK) IMPROVEMENTS PERMIT AND CERTIFICATE OF COMPLETION
(Ground Absorption Sewage Disposal System -- G. S. Chapter 130-Article 13C)

13286

OWNER OR CONTRACTOR TIMOTHY J. SIGMON DATE 9/6/91 PERMIT NO. 13D-1-A-3

PHONE: Business _____ Home _____

LOCATION US 21 N, TL JENNINGS RD, ON (R) JUST PAST SOUTH YADKIN RIVER S. R. No. _____

SUBDIVISION NAME MRS. HOWARD C GREGORY EST LOT NO. 3 SECTION OR BLOCK NO. _____

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

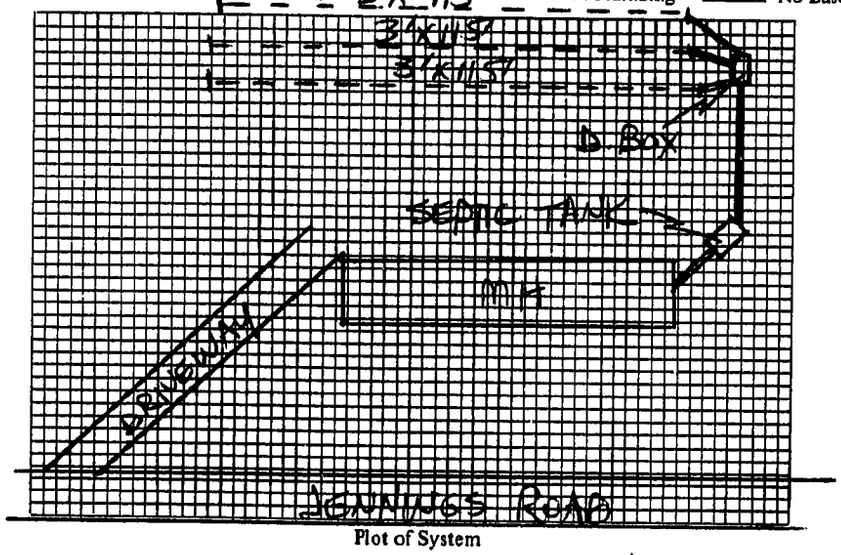
No. Bedrooms 3 No. Bathrooms 2

Garbage Disposal Unit Yes ( ) No ( )
Auto. Dishwasher Yes ( ) No ( )
Auto. Wash. Machine Yes ( ) No ( )
Site Suitable Yes ( ) No ( )
Lot Area 1.339 AC

Character & Porosity of Soil PS
Percolation Rate .35 @ 24 / PTZ
Topography 10-15% HS
Depth to Water Table 54"
Rock or other impervious formations NONE

ACP 7/24/91

_____ Basement with Plumbing 3/4 HS Basement without Plumbing _____ ✓ No Basement



Plot of System

Size of Tank 1000 Gals.
Nitrification Field:
No. of Lines 3
Sq. Ft. 1035 Linear Ft. 345
Depth of Stone in Lines 12"
Water Supply: Individual ( )
Public (✓)

Installed by A-1 BACKHOE

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

Signed: _____

IMPROVEMENTS PERMIT BY STEVE HEDRICK

COMMENTS: _____

CERTIFICATE OF COMPLETION BY STEVE HEDRICK DATE 9/6/91

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