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 Allgood DATE 6-26-68 PERMIT NO. 615

PHONE: Business _____ Home _____

LOCATION Third Creek / Sigmon Rd on Rt at 3rd Sign

S. R. No. _____

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

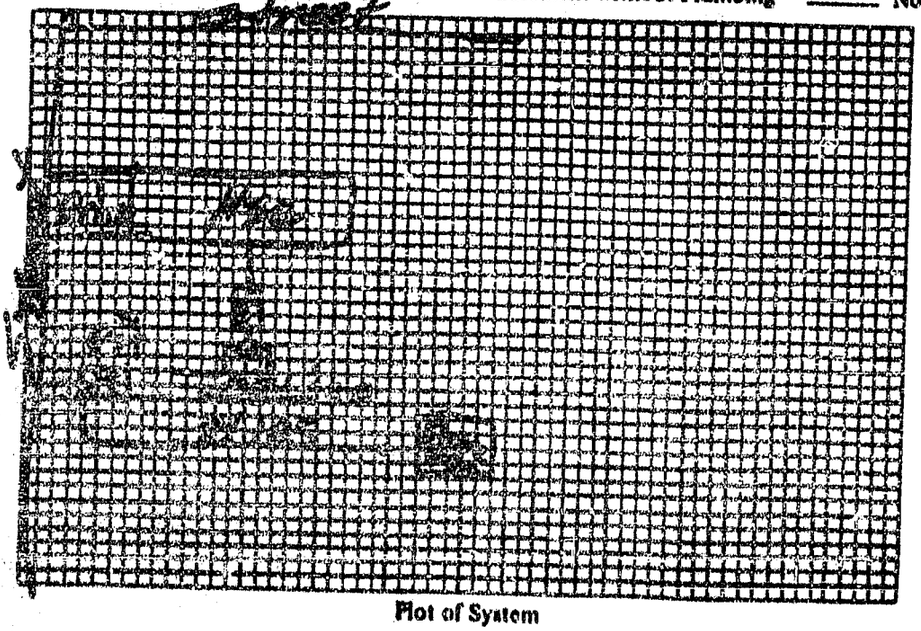
House (✓) Mobile Home ( ) Business ( ) Other Repair

No. Bedrooms _____ No. Bathrooms _____

| | | | | |
|---|---|---|---|---|
| Garbage Disposal Unit | Yes ( ) | No ( ) | Character & Porosity of Soil | Clayey |
| Auto. Dishwasher | Yes ( ) | No ( ) | Percolation Rate | |
| Auto. Wash. Machine | Yes ( ) | No ( ) | Topography | Slope |
| Site Suitable | Yes ( ) | No ( ) | Depth to Water Table | 2-3 |
| | | | Rock or other impervious formations | None |

Lot Area _____

_____ Basement with Plumbing _____ Basement without Plumbing _____ No Basement



Plot of System

Size of Tank 6X Gals.

Nitrification Field:
No. of Lines 1
Sq. Ft. 375 Lineal Ft. 105
Depth of Stone in Lines 12

Water Supply: Individual ( )
Public (✓)

+32 ton PH

Installed by Sigmon ST

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

Signed: _____

IMPROVEMENTS PERMIT BY JC Moore

COMMENTS: _____

CERTIFICATE OF COMPLETION BY _____ DATE 6-28-68

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