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 MITCHELL & JENNIFER MEADOWS DATE 2/18/88 PERMIT NO. _____

PHONE: Business _____ Home _____

LOCATION 115-21 N TR across from BARFIELD ROAD (1309)
ROUND CURVE ON RIGHT. S. R. No. _____

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

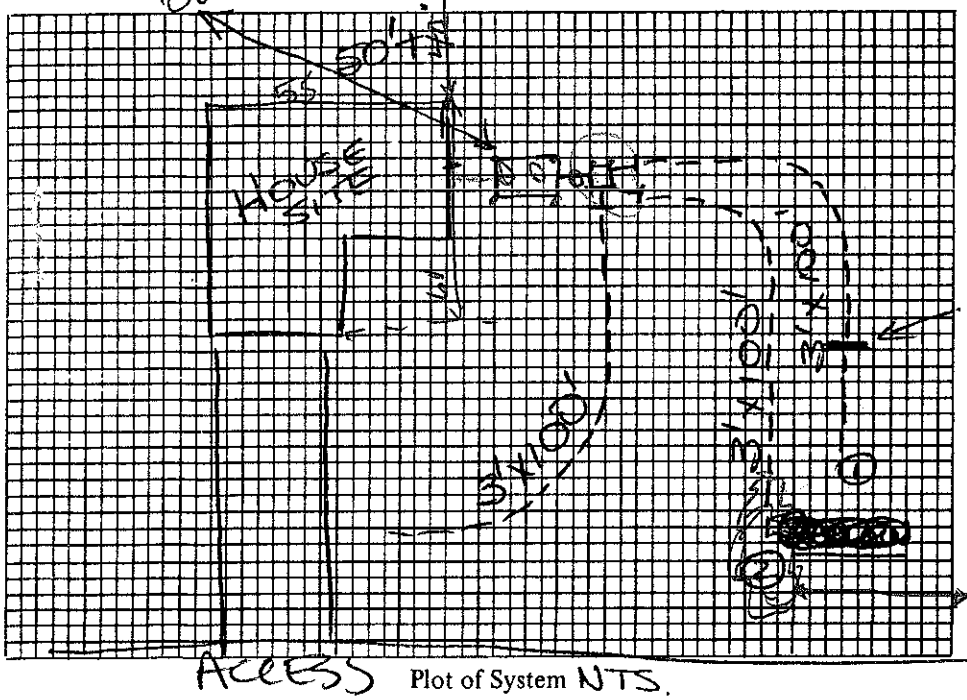
House (✓) Mobile Home ( ) Business ( ) Other _____

No. Bedrooms (3) No. Bathrooms 2

Garbage Disposal Unit	Yes ( )	No ( )	Character & Porosity of Soil	Clay
Auto. Dishwasher	Yes ( )	No ( )	Percolation Rate	N.A
Auto. Wash. Machine	Yes ( )	No ( )	Topography	2-4%
Site Suitable	Yes ( )	No ( )	Depth to Water Table	4'+
			Rock or other impervious formations	None OK.

Lot Area ~1 ACRE

_____ Basement with Plumbing _____ Basement without Plumbing _____ No Basement



Plot of System NTS.

Size of Tank 1250 Gals.

Nitrification Field:
No. of Lines 3
Sq. Ft. 900 Linear Ft. 300
Depth of Stone in Lines 12"

Water Supply: Individual (✓)
Public ( )

Installed by F.J. ERVIN

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

Signed: _____

IMPROVEMENTS PERMIT BY DRH

COMMENTS: SHALLOW ENDS ON DITCHES 1/2 TO BE COVERED WITH EXTRA FILL DIRT, to equalize pressure on ditch. PLUMBING STUBBED OUT WRONG PLACE, ALTERING PLAN OF SYSTEM. LENGTH, GRADE, DISTRIBUTION O.K.

CERTIFICATE OF COMPLETION BY Andrea C Pierce DATE _____

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