IREDELL COUNTY HEALTH DEPARTMENT 4675108086 ?

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

OWNER OR CONTRACTOR William Meade DATE 12-12-84 PERMIT NO. 449

PHONE: Business _____ Home _____

LOCATION 1255 TR 1142 X Creek TR Carolwoods TR 1st Road Lot on R

SUBDIVISION NAME Carolwoods LOT NO. 34 SECTION OR BLOCK NO. _____ S. R. No. _____

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

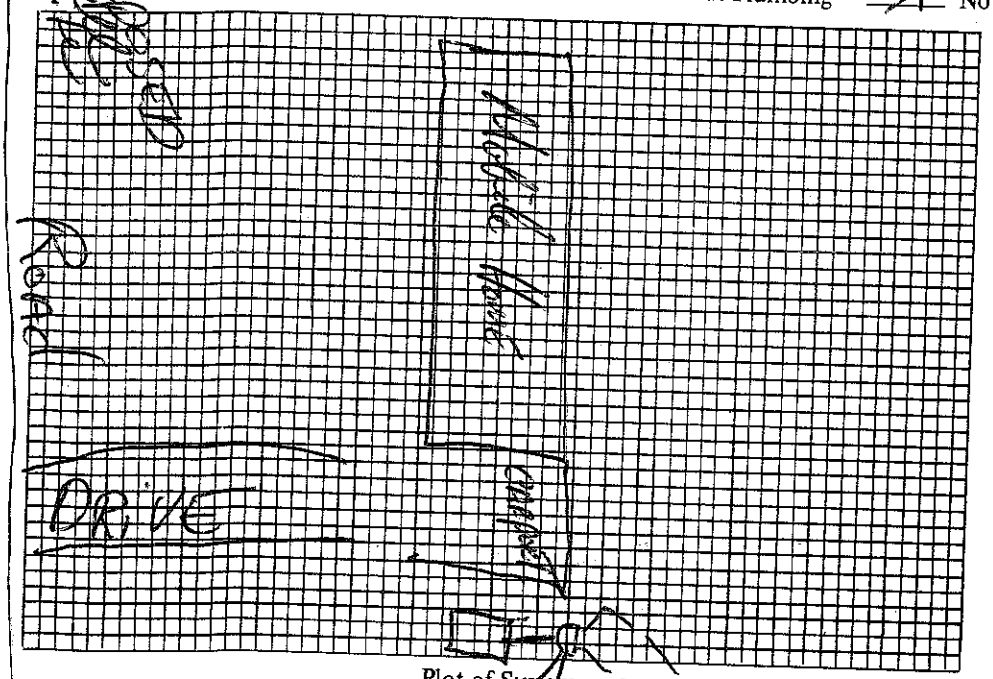
No. Bedrooms 3 No. Bathrooms 2

Garbage Disposal Unit	Yes ( )	No (X)	
Auto. Dishwasher	Yes (X)	No ( )	
Auto. Wash. Machine	Yes (X)	No ( )	
Site Suitable	Yes (X)	No ( )	

Lot Area 1.0 Acre

Character & Porosity of Soil Clay
Percolation Rate 0.4 gpf
Topography 2-8 %
Depth to Water Table 4'
Rock or other impervious formations None obs

Basement with Plumbing ____ Basement without Plumbing ____ No Basement (X)



Plot of System

Size of Tank 1000 Gals.
Nitrification Field:
No. of Lines 4
Sq. Ft. 900 Linear Ft. 300
Depth of Stone in Lines 12"
Water Supply: Individual (X)
Public ( )

Installed by J. J. Eaton Co

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

Signed: _____

IMPROVEMENTS PERMIT BY CKB KRS

COMMENTS: _____

CERTIFICATE OF COMPLETION BY _____ DATE 12-12-84

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

11:00

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 William Meade DATE 11-30-84 PERMIT NO. 328

PHONE: Business _____ Home _____

LOCATION 1125 S TL on Johnson Dairy Farm Rd go 1 mile TL ½ mile TR ¼ mile on R

SUBDIVISION NAME Carolwood LOT NO. 34 SECTION OR BLOCK NO. _____ S. R. No. _____

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

No. Bedrooms 3 No. Bathrooms 2

Garbage Disposal Unit	Yes ( )	No (X)
Auto. Dishwasher	Yes (X)	No ( )
Auto. Wash. Machine	Yes (X)	No ( )
Site Suitable	Yes (X)	No ( )

Lot Area acreage

Character & Porosity of Soil 4 clay

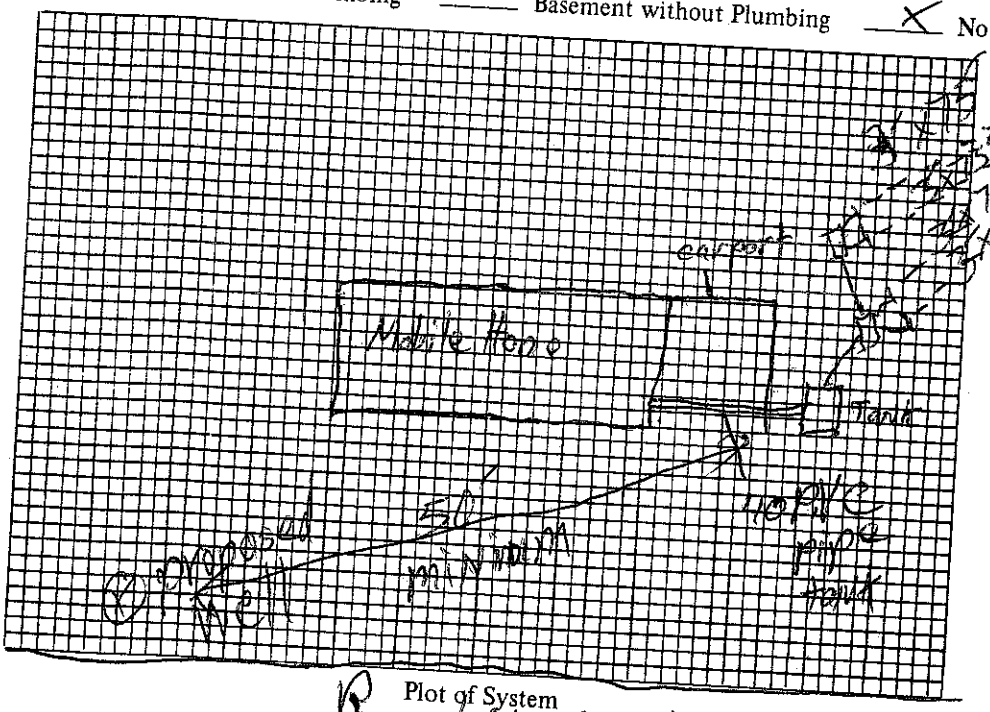
Percolation Rate 0.49 gal/ft²/day

Topography 2-8%

Depth to Water Table 4'

Rock or other impervious formations none observed

_____ Basement with Plumbing _____ Basement without Plumbing X No Basement



Plot of System

Size of Tank 1000 Gals.

Nitrification Field:

No. of Lines 4

Sq. Ft. 800 Linear Ft. 300

Depth of Stone in Lines 12"

Water Supply: Individual (X)

Public ( )

property

Installed by _____

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

Signed: W G Meade

IMPROVEMENTS PERMIT BY Road Charles K. Barnett Billy M Sheek REHS

COMMENTS: home must be move 10' over to left where orgival tank as high on lot as is possible. log out, keep system shallow & follow contour. Keep

CERTIFICATE OF COMPLETION BY _____

EXISTING SYSTEM CHECKED BY: _____ DATE _____

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

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