4676377249

# 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 Jeffrey L. Meadows DATE 11-12-85 PERMIT NO. 493

PHONE: Business _____ Home _____

LOCATION N. Main St. TR 1150 TR 1153 ~.3 mile on R

S. R. No. _____

SUBDIVISION NAME Quail Hill LOT NO. 5 SECTION OR BLOCK NO. _____

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

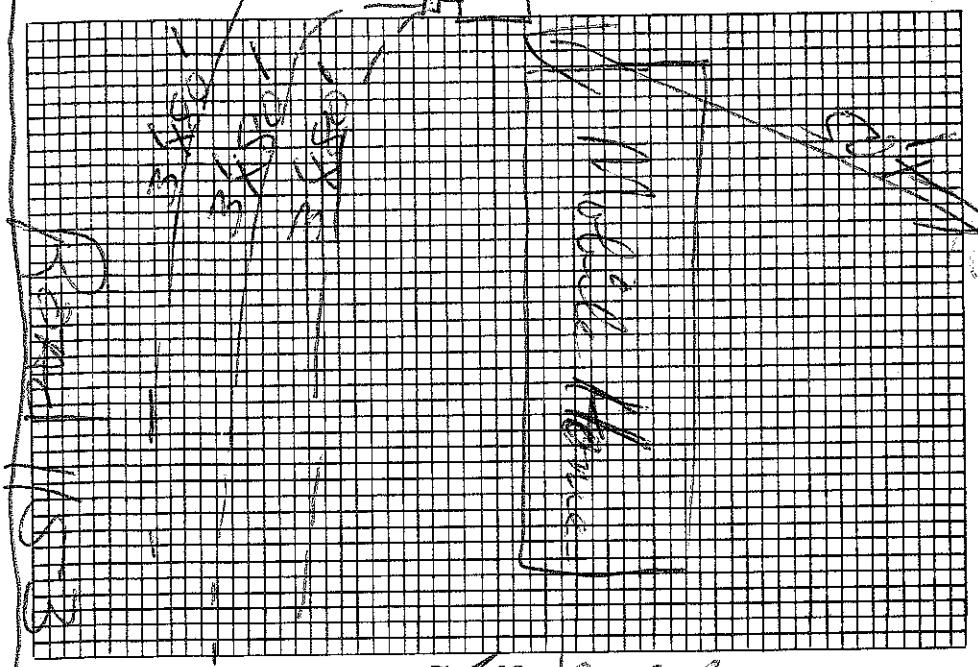
No. Bedrooms 3 No. Bathrooms 2

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

Lot Area 20,000 A-2

Character & Porosity of Soil Clay-silty PM
Percolation Rate 0.5 gpf/ft²/day
Topography 2-6%
Depth to Water Table 4'
Rock or other impervious formations None obs

_____ Basement with Plumbing _____ Basement without Plumbing X No Basement



Plot of System

Size of Tank 1000 Gals.
Nitrification Field:
No. of Lines 3
Sq. Ft. 120 Linear Ft. 240
Depth of Stone in Lines 12"
Water Supply: Individual (X)
Public ( )

Installed by W. F. Erwin Co.

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

Signed: _____

IMPROVEMENTS PERMIT BY Fred Clemmer

COMMENTS:
DRIVE

CERTIFICATE OF COMPLETION BY Fred Clemmer DATE 11-12-85

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

12:00

# 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 Jeffrey L. Meadows DATE 9-20-85 PERMIT NO. 323

PHONE: Business _____ Home _____

LOCATION N. Main Street IR1150 IR1153 ~.3mile ONR

SUBDIVISION NAME Quail Hill LOT NO. 5 SECTION OR BLOCK NO. _____ S. R. No. _____

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

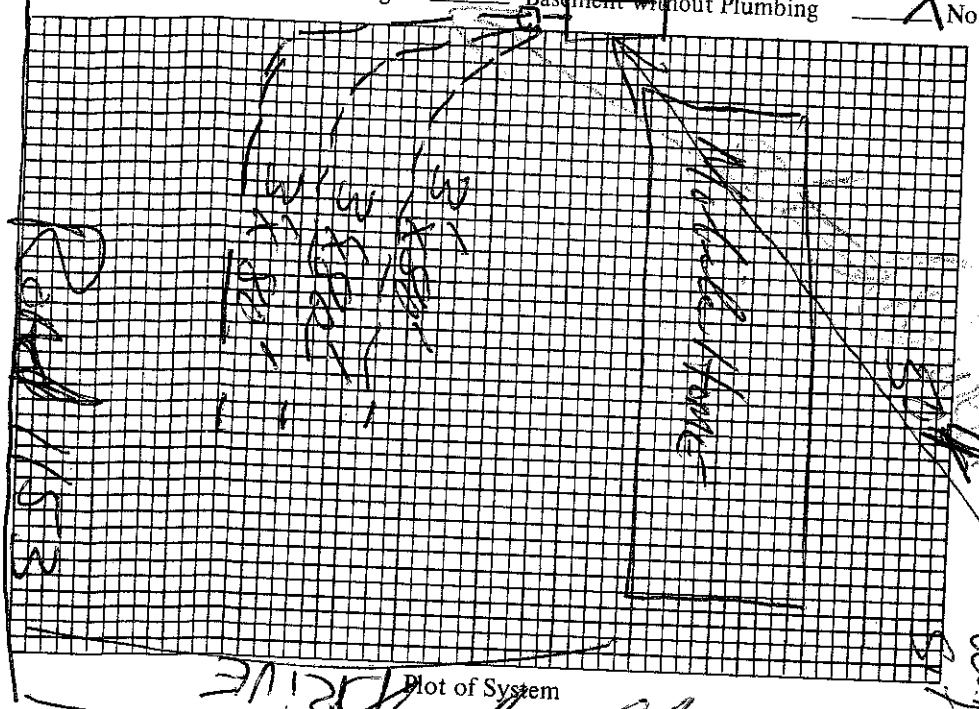
No. Bedrooms 3 No. Bathrooms 2

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

Lot Area 20,000+FT2

Character & Porosity of Soil Clay-silty p.m
Percolation Rate 0.5gal/ft2/day
Topography 2-6%
Depth to Water Table 4'
Rock or other impervious formations NONE Obs.

_____ Basement with Plumbing _____ Basement without Plumbing X No Basement




Size of Tank 1000 Gals.
Nitrification Field:
No. of Lines 3
Sq. Ft. 220 Linear Ft. 240
Depth of Stone in Lines 12"
Water Supply: Individual (X)
Public ( )

Installed by _____

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

Signed: X Jeffrey L. Meadows

IMPROVEMENTS PERMIT BY Fred Clemmer

COMMENTS: Follow Contours, Keep System As Shallow As possible

CERTIFICATE OF COMPLETION BY _____

EXISTING SYSTEM CHECKED BY: _____ DATE _____

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

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