0545

4:00

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 John Mease DATE 7-1-87 PERMIT NO. _____

PHONE: Business _____ Home _____

LOCATION 150 E. (By Pass) TL into Oak Meadow on left at Cul-de-Sac S. R. No. _____

SUBDIVISION NAME Oak Meadow LOT NO. 13 SECTION OR BLOCK NO. _____

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

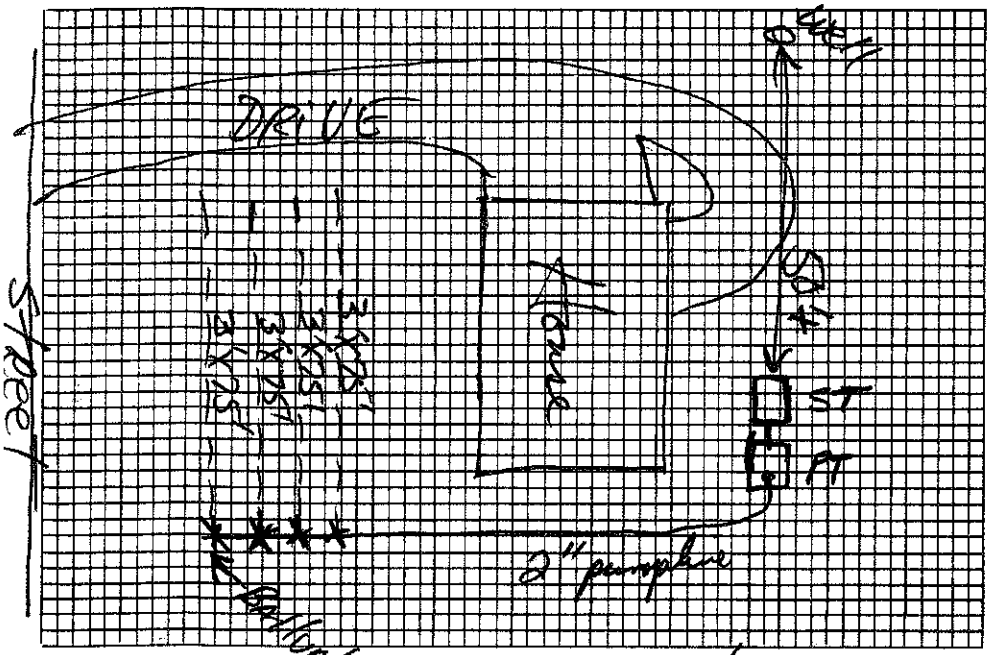
No. Bedrooms 3 No. Bathrooms 2

Garbage Disposal Unit	Yes ( )	No (✓)	Character & Porosity of Soil	clay	
Auto. Dishwasher	Yes (✓)	No ( )	Percolation Rate	~.4 to 10	
Auto. Wash. Machine	Yes (✓)	No ( )	Topography	4%	
Site Suitable	Yes (✓)	No ( )	Depth to Water Table	mono obs.	
			Rock or other impervious formations		

Lot Area 20000 ft²

_____ Basement with Plumbing _____ Basement without Plumbing _____ No Basement

1000 gal pump tank



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 (✓)
Public ( )

Installed by _____

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

Signed: John R. Mease

IMPROVEMENTS PERMIT BY Mark R. Hinson, R-S. 664-5281

COMMENTS: Pump close conventional field at 2' head/ditch. Follow contour with drainfield, install drainfield shallow (12" cover over stone). Check with Health Dept before installing system for design specifications.

CERTIFICATE OF COMPLETION BY _____ 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