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 Levan Builders DATE 4-19-83 PERMIT NO. _____

PHONE: Business _____ Home _____

LOCATION Jane Sowers TR on E. meadowview Dr. TR first intersection 1/8 mi on R S. R. No. _____

SUBDIVISION NAME Meadowview LOT NO. 40 SECTION OR BLOCK NO. I

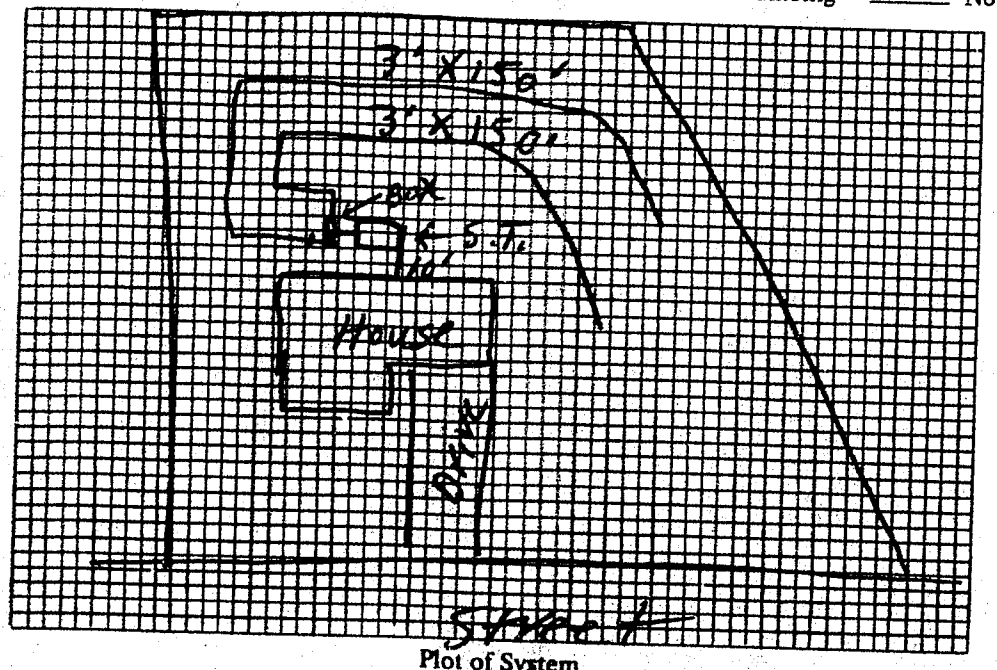
House (✓) Mobile Home ( ) Business ( ) Other _____

No. Bedrooms 3 No. Bathrooms 1 1/2

Garbage Disposal Unit	Yes ( )	No (✓)	Character & Porosity of Soil Cecil Clay
Auto. Dishwasher	Yes (✓)	No ( )	Percolation Rate .5 gal/ss/day
Auto. Wash. Machine	Yes (✓)	No ( )	Topography 2 to 6 %
Site Suitable	Yes (✓)	No ( )	Depth to Water Table 10'+
			Rock or other impervious formations none

Lot Area 1/2 acre

_____ Basement with Plumbing _____ Basement without Plumbing _____ No Basement



Plot of System

Size of Tank 1000 Gals.

Nitrification Field:
No. of Lines 2
Sq. Ft. 700 Linear Ft 300
Depth of Stone in Lines 10"

Water Supply: Individual ( )
Public (✓)

Installed by Donald Lackey

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

Signed: _____

IMPROVEMENTS PERMIT BY J. C. Moore

COMMENTS: _____

CERTIFICATE OF COMPLETION BY J. C. Moore DATE 4-19-83

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