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 Green DATE 5-24-78 PERMIT NO. _____

PHONE: Business _____ Home _____

LOCATION 1818 Meadowview Dr. S. R. No. _____

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

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

No. Bedrooms _____ No. Bathrooms _____

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

Lot Area _____

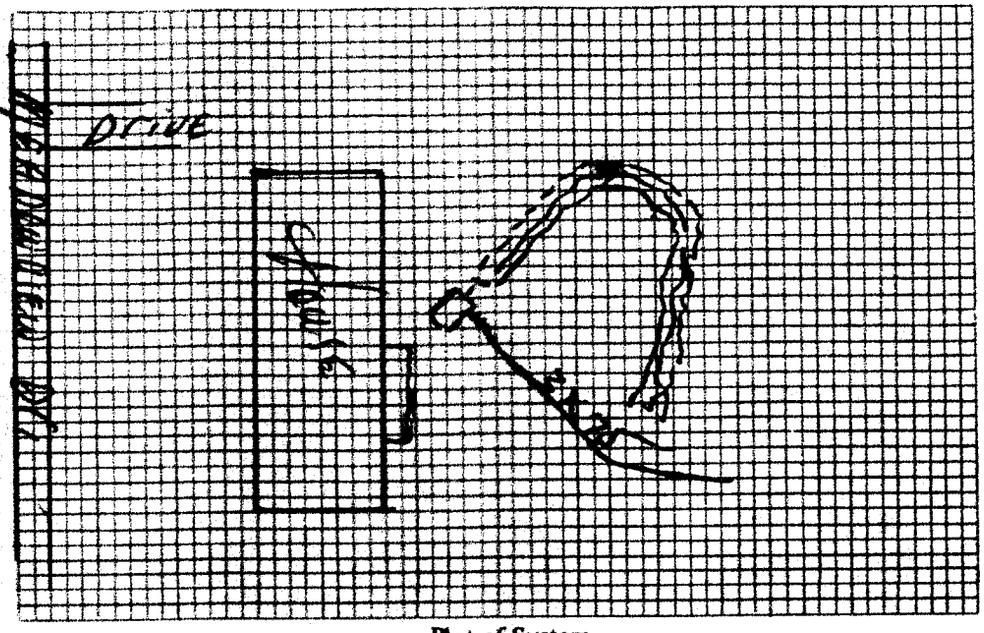
Character & Porosity of Soil _____

Percolation Rate _____

Topography Existing

Depth to Water Table _____

Rock or other impervious formations _____



Plot of System

Size of Tank Existing Gals.

Nitrification Field:

No. of Lines 1

Sq. Ft. 285 Linear Ft. 75

Depth of Stone in Lines 16"

Water Supply: Individual ( )
Public (✓)

Installed by Donald Lackey

IMPROVEMENTS PERMIT BY _____

COMMENTS: See for repairs to be raised 8".

CERTIFICATE OF COMPLETION BY Glenn Todd DATE 5/24/78

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

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