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 Tony Brewer DATE 12-17-79 PERMIT NO. _____

PHONE: Business _____ Home _____

LOCATION 21 N. TR on SR 2171 to Meadowview Estates # 2
2nd ST S. R. No. _____

SUBDIVISION NAME Meadowview Estates # 2 LOT NO. 43 SECTION OR BLOCK NO. _____

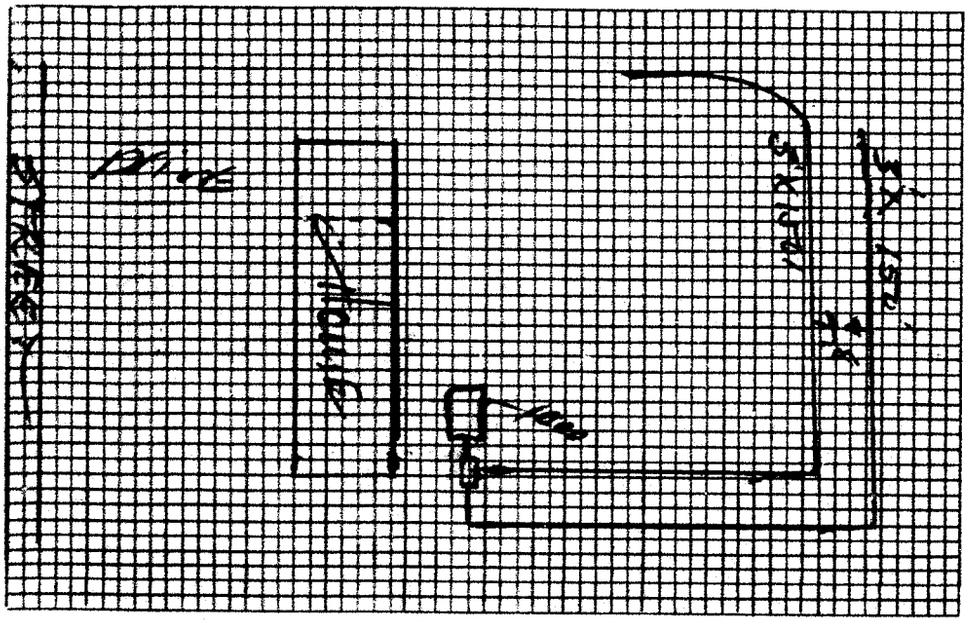
House (✓) Mobile Home ( ) Business ( ) Other _____

No. Bedrooms 3 No. Bathrooms 2

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

Lot Area 197 x 97

Character & Porosity of Soil CFBr
Percolation Rate _____
Topography 2 - 6% slope
Depth to Water Table Unk
Rock or other impervious formations None



Plot of System

Size of Tank 1000 Gals.
Nitrification Field:
No. of Lines 2
Sq. Ft. 900 Linear Ft. 300
Depth of Stone in Lines 18"
Water Supply: Individual ( )
Public (✓)

Installed by Ace S.T. Service

IMPROVEMENTS PERMIT BY _____

COMMENTS: Terrace on back and north side of lot to divert surface water from Nitrification field.

CERTIFICATE OF COMPLETION BY _____ DATE 12/17/79

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