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 Winter Builders DATE 6-22-78 PERMIT NO. _____

PHONE: Business _____ Home _____

LOCATION 21 N TR on Rd 2171 – to Meadowview Estates

S. R. No. _____

SUBDIVISION NAME Meadowview Estates IV LOT NO. 9 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 _____

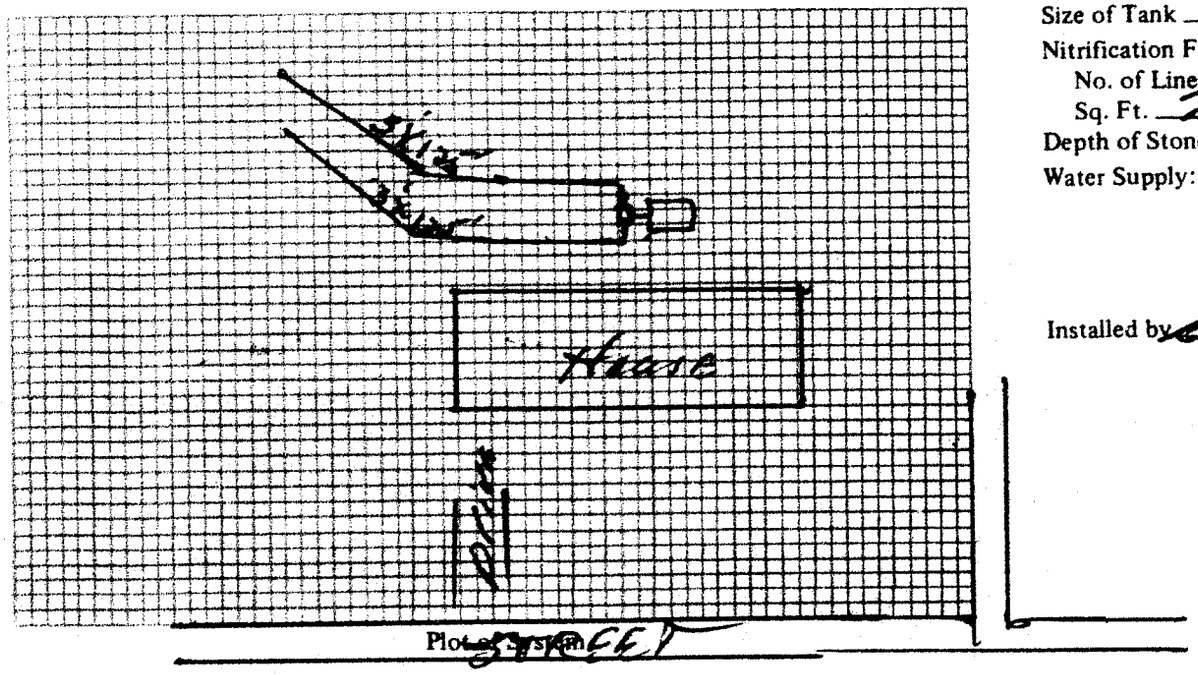
Character & Porosity of Soil GFB2 – CHB

Percolation Rate 30 – Mod

Topography 2 – 6% Slope

Depth to Water Table Deep

Rock or other impervious formations None



Size of Tank 1250 Gals.

Nitrification Field:

No. of Lines 2

Sq. Ft. 280 Linear Ft. 250

Depth of Stone in Lines 10"

Water Supply: Individual ( )

Public (✓)

Installed by Iredell County Sanitarian

IMPROVEMENTS PERMIT BY _____

COMMENTS: _____

CERTIFICATE OF COMPLETION BY Allen Tate DATE 6/22/78

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