IREDELL COUNTY HEALTH DEPARTMENT 4636937777

(SEPTIC TANK) IMPROVEMENTS PERMIT AND CERTIFICATE OF COMPLETION
(Ground Absorption Sewage Disposal System – G. S. Chapter 130-Article 13C)

OWNER OR CONTRACTOR Edgar W. Odom DATE 8-21-84 PERMIT NO. 291

PHONE: Business _____ Home _____

LOCATION 1100, TL 1179 TL Ring Neck Trail
Attend on left

S. R. No. _____

SUBDIVISION NAME Woodland Hills LOT NO. 89 SECTION OR BLOCK NO. 4

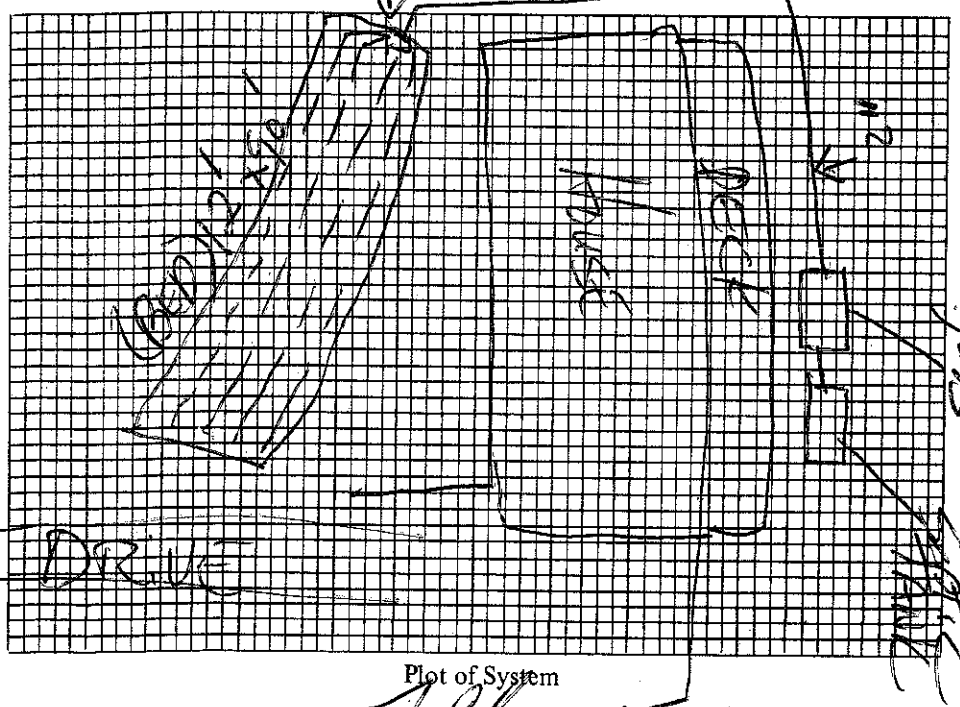
House (X) Mobile Home ( ) Business ( ) Other _____

No. Bedrooms 3 No. Bathrooms 2

Garbage Disposal Unit Yes ( ) No (X)
Auto. Dishwasher Yes (X) No ( )
Auto. Wash. Machine Yes (X) No ( )
Site Suitable Yes (X) No ( )
Lot Area 20,000 FT+/-

Character & Porosity of Soil Clay loam / clay
Percolation Rate 0.5 gal/ft²/day
Topography Sl & Modp
Depth to Water Table 4'+
Rock or other impervious formations None obs

_____ Basement with Plumbing 10' _____ Basement without Plumbing 1996 Sq Ft _____ No Basement



Plot of System

Size of Tank 1000 Gals.
Nitrification Field:
No. of Lines 4
Sq. Ft. 1080 Linear Ft. 360
Depth of Stone in Lines 12"
Water Supply: Individual ( )
Public (X)

Installed by Larry Beam

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

Signed: _____

IMPROVEMENTS PERMIT BY F. Clemmer

COMMENTS: _____

CERTIFICATE OF COMPLETION BY: Fred Clemmer DATE 8-21-84

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