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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 George L. Woodfin DATE 4-28-83 PERMIT NO. 117

PHONE: Business _____ Home _____

LOCATION 215 ft 1206 ½ mile TR Waters Edge DRIVE
~ 300 ft ONR

S. R. No. _____

SUBDIVISION NAME Waters Edge LOT NO. 11 SECTION OR BLOCK NO. _____

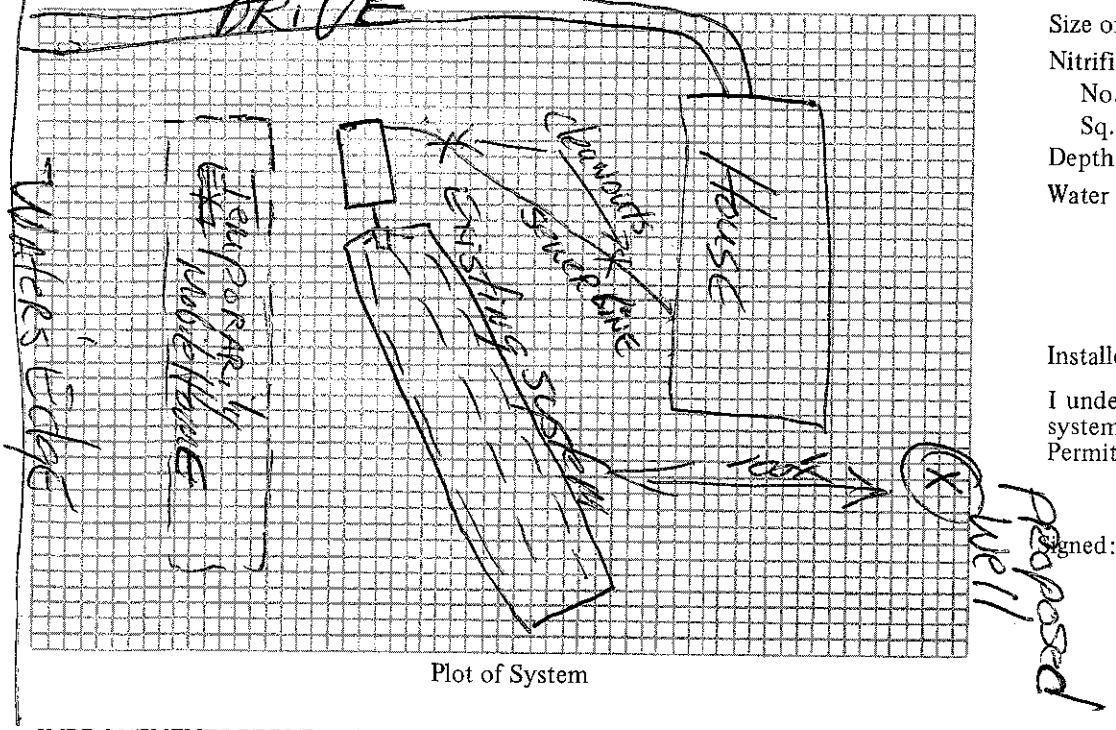
House (X) Mobile Home ( ) Business ( ) Other _____

No. Bedrooms 3 No. Bathrooms 2½

Garbage Disposal Unit Yes ( ) No (X)
Auto. Dishwasher Yes (X) No ( )
Auto. Wash. Machine Yes (X) No ( )
Site Suitable Yes (X) No ( )
Lot Area 1-12 ACRE

Character & Porosity of Soil _____
Percolation Rate _____
Topography Clay loam
Depth to Water Table _____
Rock or other impervious formations EXISTING System

_____ Basement with Plumbing _____ Basement without Plumbing _____ No Basement



Plot of System

Size of Tank 1000 Existing Gals.
Nitrification Field:
No. of Lines 3
Sq. Ft. 625 Linear Ft. 250
Depth of Stone in Lines 10"
Water Supply: Individual (X)
Public ( )

Installed by _____

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

Signed: _____

IMPROVEMENTS PERMIT BY _____

COMMENTS: Existing System working OK at time of inspection / Mobile Home / to be Removed before final building inspection Approval to be given. Sewerline should Drainrocks in Sewer

CERTIFICATE OF COMPLETION BY _____ DATE _____

EXISTING SYSTEM CHECKED BY: Fred Clemmer DATE 4-27-83

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

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 [redacted] Jerry Waters DATE 6-21-78 PERMIT NO. _____

PHONE: Business _____ Home _____

LOCATION US 21 S cross I-77 TL on Sarratt Rd ½ mi TR on dirt St on right S. R. No. _____

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

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

No. Bedrooms 2 No. Bathrooms 1

Garbage Disposal Unit Yes ( ) No (✓)

Auto. Dishwasher Yes ( ) No (✓)

Auto. Wash. Machine Yes (✓) No ( )

Site Suitable Yes (✓) No ( )

Lot Area Average

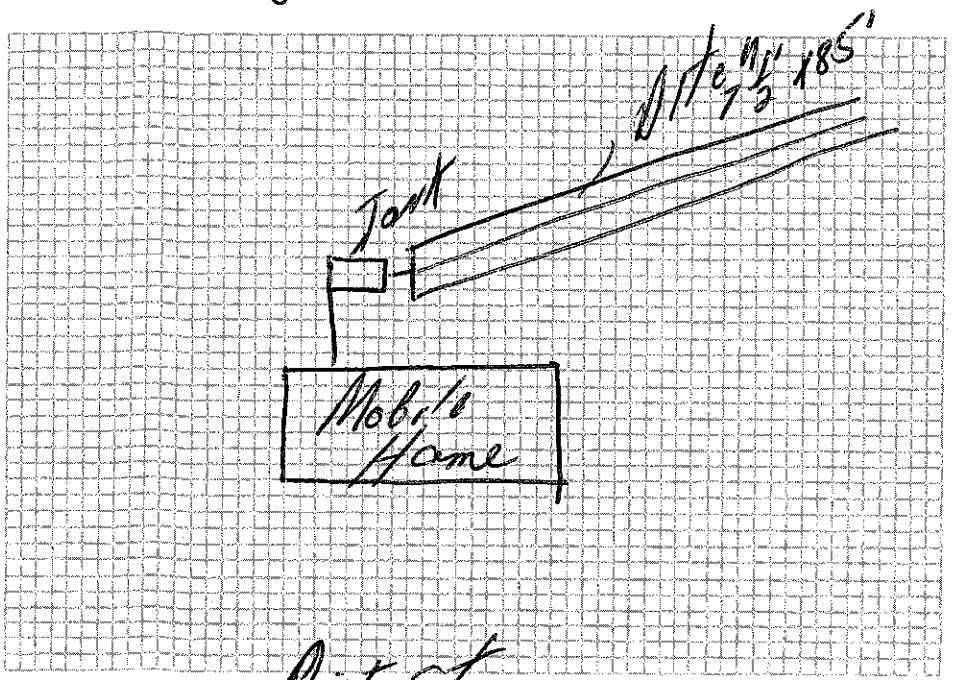
Character & Porosity of Soil Existing System

Percolation Rate _____

Topography _____

Depth to Water Table _____

Rock or other impervious formations _____



Plot of System

Size of Tank 1000 Gals.

Nitrification Field:

No. of Lines 3

Sq. Ft. 625 Linear Ft. 250

Depth of Stone in Lines 10"

Water Supply: Individual (✓)

Public ( ) Well next door

Installed by F. J. Ervin

10-30-78

IMPROVEMENTS PERMIT BY _____

COMMENTS: System Working OK at Time of this Inspection

CERTIFICATE OF COMPLETION BY John Houston DATE 6-21-78

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