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IREDELL COUNTY HEALTH DEPARTMENT 4668499631

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

OWNER OR CONTRACTOR Dennis Dedrick DATE 6/16/89 ~~PERMIT NO.~~ 18D

PHONE: Business _____ Home 663-1871

LOCATION 115 N TR Mazeppa Rd (2395) TL
Woodridge TL at end At end on Cul-de-Sac. S. R. No. _____

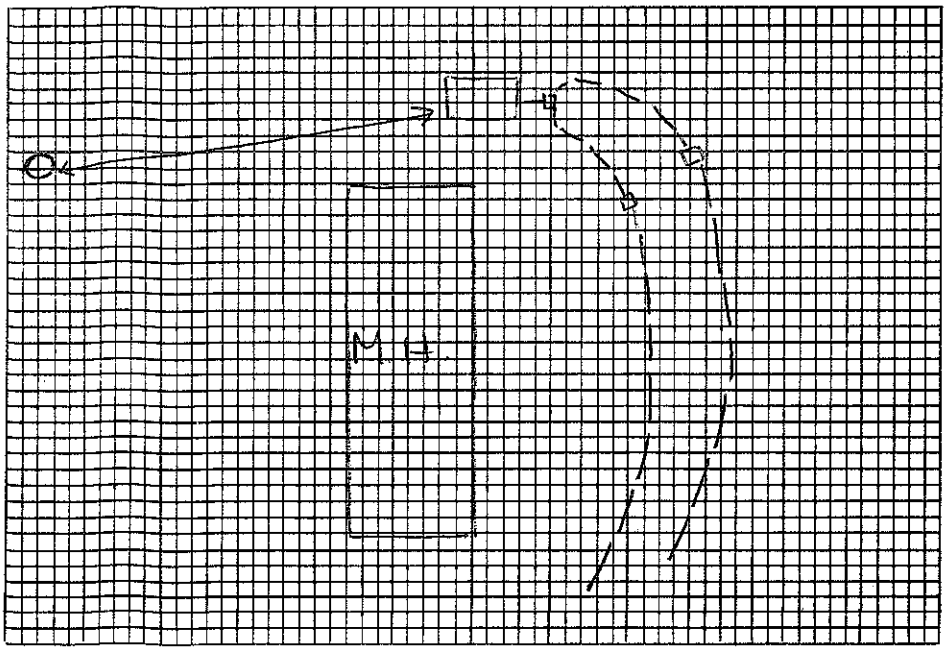
SUBDIVISION NAME Woodridge LOT NO. 8 SECTION OR BLOCK NO. _____

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 ( )

Character & Porosity of Soil existing
Percolation Rate _____
Topography _____
Depth to Water Table _____
Rock or other impervious formations _____

Lot Area existing
_____ Basement with Plumbing _____ Basement without Plumbing _____ No Basement




Plot of System

Size of Tank existing Gals.
Nitrification Field:
No. of Lines existing
Sq. Ft. _____ Linear Ft. _____
Depth of Stone in Lines _____
Water Supply: Individual (✓)
Public ( )

Installed by _____

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

Signed: _____

IMPROVEMENTS PERMIT BY [illegible]

COMMENTS: No sign of malfunction at this date. M.H has burned. ~~System~~ M.H. will be placed in same location as old M.H.

CERTIFICATE OF COMPLETION BY _____ DATE _____

EXISTING SYSTEM CHECKED BY: Andre C. Pierce, R.S. DATE 6/16/89

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 Dennis Oldack DATE 8-21-84 PERMIT NO. 203

PHONE: Business _____ Home _____

LOCATION 115 N TR 2395 1 3/4 mile TR Woodridge Drive at end TR (Centerview) Road at end on on cul de sac

SUBDIVISION NAME Woodridge LOT NO. 8 SECTION OR BLOCK NO. _____ S. R. No. _____

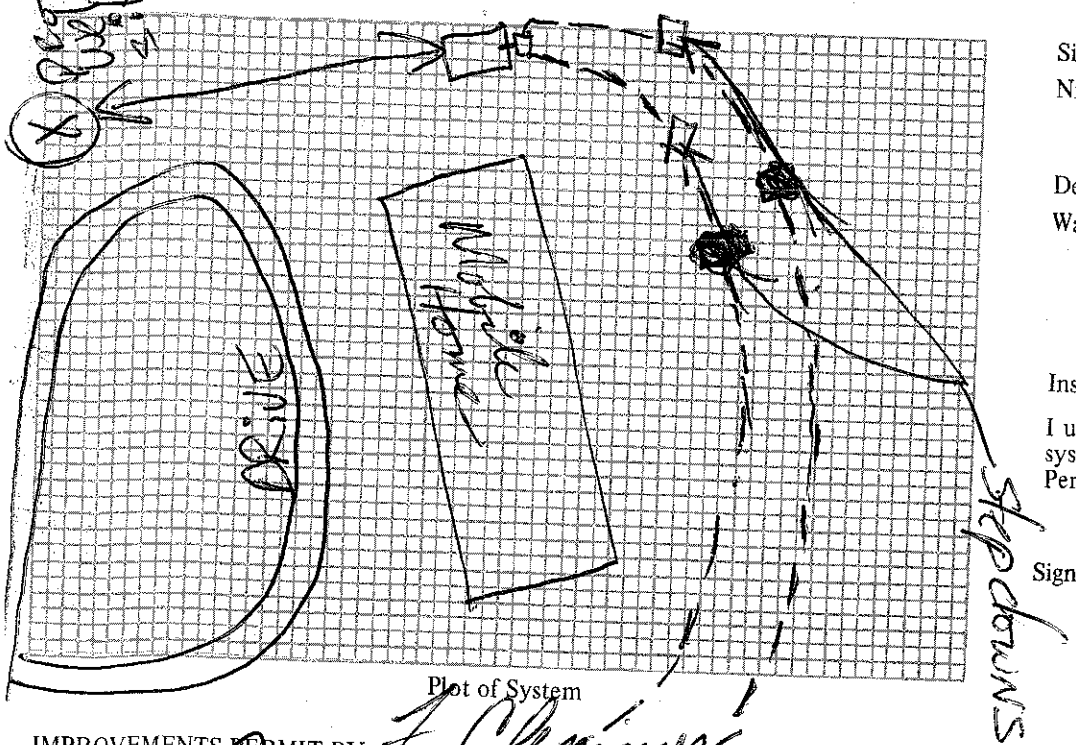
House ( ) Mobile Home (X) Business ( ) Other _____

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 Ft²

Character & Porosity of Soil Clay Loam Fr Stony
Percolation Rate 0.5 gpf 1 Day
Topography 2-6% Slope
Depth to Water Table _____
Rock or other impervious formations None obs




Plot of System

Size of Tank 1000 Gals.
Nitrification Field:
No. of Lines 2
Sq. Ft. 720 Linear Ft. 240
Depth of Stone in Lines 12"
Water Supply: Individual (X)
Public ( )

Installed by Wayne Atkinson

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

Signed: _____

IMPROVEMENTS PERMIT BY J. Cleaver

COMMENTS: Relay pump

CERTIFICATE OF COMPLETION BY Jack Clemmons DATE 8-21-84

EXISTING SYSTEM CHECKED BY: _____ DATE _____

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