IREDELL COUNTY HEALTH DEPARTMENT 4668592546

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

OWNER OR CONTRACTOR Doug Murdock DATE 3-8-84 PERMIT NO. 46

PHONE: Business _____ Home _____

LOCATION 115N, TR 2395 1¾ mile on Left TR Woodridge Drive NEAR END ON left ON CORNER S. R. No. _____

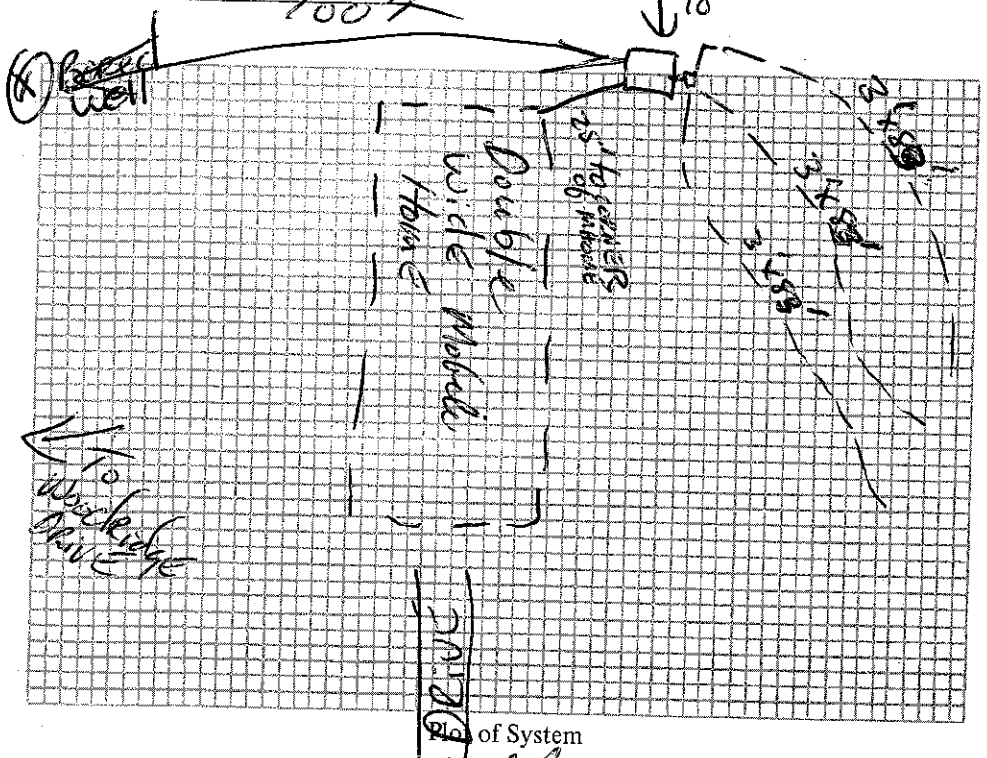
SUBDIVISION NAME Woodridge LOT NO. 7 SECTION OR BLOCK NO. _____

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 100' Lot Line

Character & Porosity of Soil Clay Loam Weathered Rock
Percolation Rate ~0.5 gal/ft²/day
Topography 4-10%
Depth to Water Table 4'+
Rock or other impervious formations NONE OBS



Plot of System

Size of Tank 1000 Gals.
Nitrification Field:
No. of Lines 3
Sq. Ft. 750 Linear Ft. 250'
Depth of Stone in Lines 12"
Water Supply: Individual (X)
Public ( )

Installed by Cline + Gilland

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 3/8/84
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