IREDELL COUNTY HEALTH DEPARTMENT 4668593563

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

OWNER OR CONTRACTOR Norma H. [redacted] Golden DATE 9-23-83 PERMIT NO. 321

PHONE: Business _____ Home _____

LOCATION 115 N to SR 2395 to Woodruff Inn. on left

SUBDIVISION NAME Woodridge LOT NO. 6 SECTION OR BLOCK NO. _____ S. R. No. _____

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

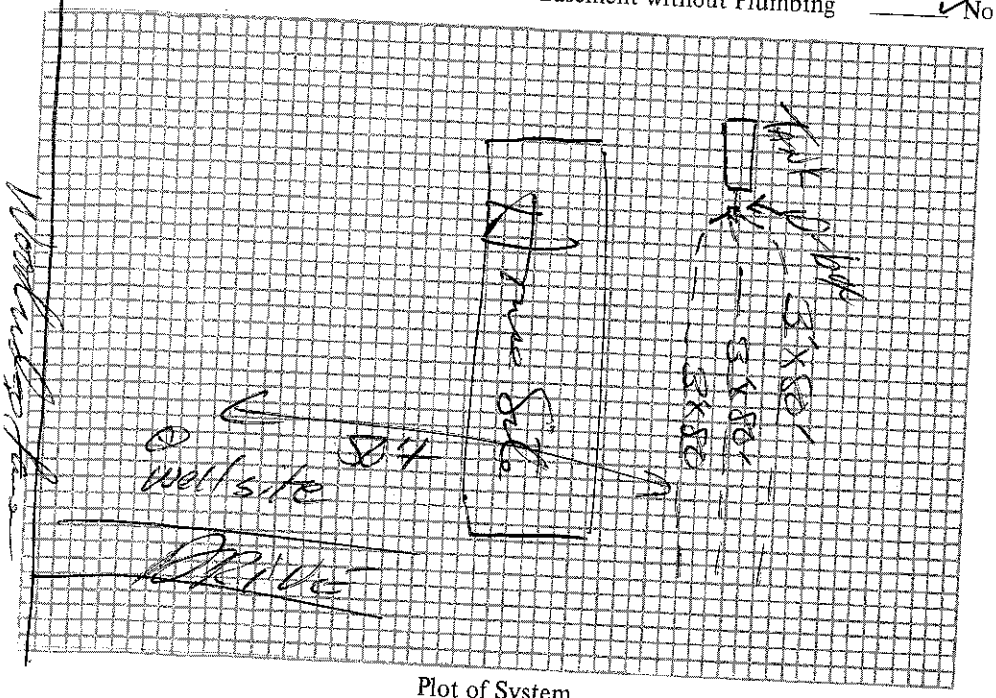
No. Bedrooms 3 No. Bathrooms 2

Garbage Disposal Unit	Yes ( )	No (✓)
Auto. Dishwasher	Yes (✓)	No ( )
Auto. Wash. Machine	Yes (✓)	No ( )
Site Suitable	Yes (✓)	No ( )

Lot Area 20000+

Character & Porosity of Soil clay loam
Percolation Rate 45
Topography Flat
Depth to Water Table unk.
Rock or other impervious formations none obs.

_____ Basement with Plumbing _____ Basement without Plumbing ✓ No Basement



Plot of System

Size of Tank 1000 Gals.
Nitrification Field:
No. of Lines 3
Sq. Ft. 720 Linear Ft. 940
Depth of Stone in Lines 12"
Water Supply: Individual (✓)
Public ( )

Installed by [redacted]

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

Signed: _____

IMPROVEMENTS PERMIT BY JAC

COMMENTS: _____

CERTIFICATE OF COMPLETION BY _____ DATE _____

EXISTING SYSTEM CHECKED BY: Jack K. Hamm DATE 9-23-83

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