IREDELL COUNTY HEALTH DEPARTMENT 4668597832

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

OWNER OR CONTRACTOR Alfred R. Hayes Jr. DATE 8-26-87 PERMIT NO. _____

PHONE: Business _____ Home _____

LOCATION 115 N TR 2395 (Mazeppa Rd) TL Woodridge Lane. ~300' b/f Stop sign on Rt. S. R. No. _____

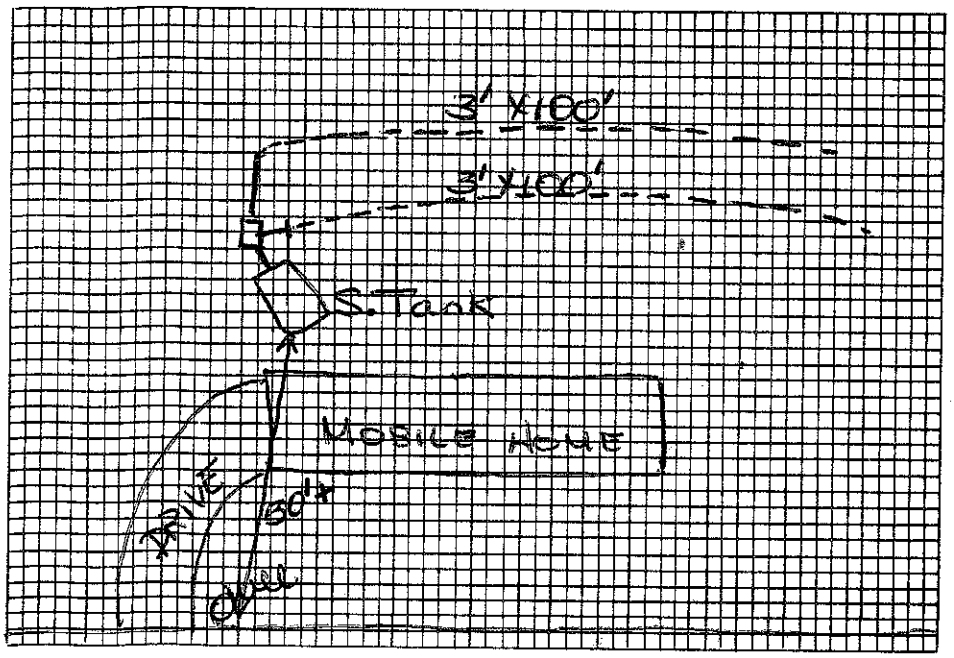
SUBDIVISION NAME Woodridge LOT NO. 15 SECTION OR BLOCK NO. _____

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

No. Bedrooms _____ No. Bathrooms _____
Garbage Disposal Unit Yes ( ) No (✓)
Auto. Dishwasher Yes (✓) No ( )
Auto. Wash. Machine Yes (✓) No ( )
Site Suitable Yes (✓) No ( )
Lot Area 1 Acre +

Character & Porosity of Soil Clay
Percolation Rate ~.4
Topography 2-6%
Depth to Water Table 4'+
Rock or other impervious formations Sap Yes w/ depth

_____ Basement with Plumbing _____ Basement without Plumbing ✓ No Basement




Plot of System N.T.S.

Size of Tank 1000 Gals.
Nitrification Field:
No. of Lines 2
Sq. Ft. 600 Linear Ft. 200
Depth of Stone in Lines 12"
Water Supply: Individual (✓)
Public ( )

Installed by Yountz

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

Signed: _____

IMPROVEMENTS PERMIT BY D.R.H.

COMMENTS: Installed distribution box w/ equal distribution.

CERTIFICATE OF COMPLETION BY Andie C Green DATE 8-26-87

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