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 Lynn + Teresa Washam DATE 7-12-85 PERMIT NO. 311

PHONE: Business _____ Home _____

LOCATION 115 N IR 2395 1 3/4 mile TL Woodridge Drive

SUBDIVISION NAME Woodridge LOT NO. 19 S. R. No. _____ SECTION OR BLOCK NO. _____

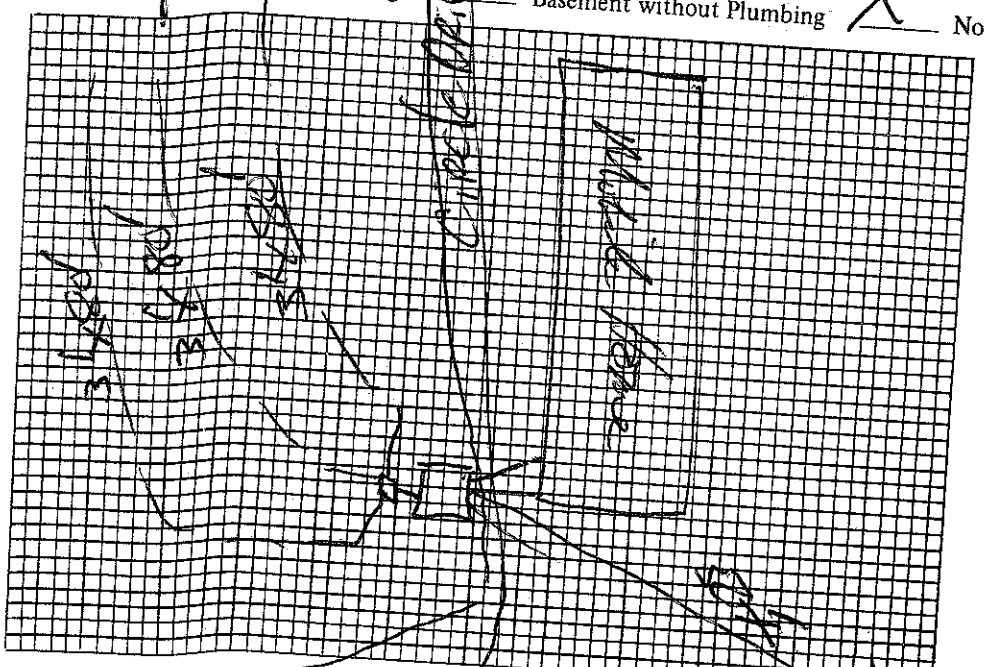
House ( ) Mobile Home (X) Business ( ) Other _____

No. Bedrooms 2 No. Bathrooms 1

Garbage Disposal Unit	Yes ( )	No (X)	Character & Porosity of Soil Clay - Silty Clay Loam
Auto. Dishwasher	Yes ( )	No (X)	Percolation Rate 0.5 gal/ft²/day
Auto. Wash. Machine	Yes ( )	No ( )	Topography Slight Slope
Site Suitable	Yes (X)	No ( )	Depth to Water Table 4ft
			Rock or other impervious formations NNE 065

Lot Area 1 Ac

_____ Basement with Plumbing _____ Basement without Plumbing X No Basement



Size of Tank 1000 Gals.

Nitrification Field:

No. of Lines 3

Sq. Ft. 220 Linear Ft. 240

Depth of Stone in Lines 12"

Water Supply: Individual (X) Public ( )

Installed by Ken Dellinger

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

Signed: _____

IMPROVEMENTS PERMIT BY Kelly Sheets + EE

COMMENTS: _____

CERTIFICATE OF COMPLETION BY Fred Clemmer

EXISTING SYSTEM CHECKED BY: _____ DATE 7-12-85

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: _____