IREDELL COUNTY HEALTH DEPARTMENT 4668693140

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

OWNER OR CONTRACTOR Tommy Lewis DATE 11-3-83 PERMIT NO. 382

PHONE: Business _____ Home _____

LOCATION 115 N. TR 2395 N Woodridge Lane 2nd house on left

SUBDIVISION NAME Woodridge LOT NO. 2 S. R. No. _____ SECTION OR BLOCK NO. _____

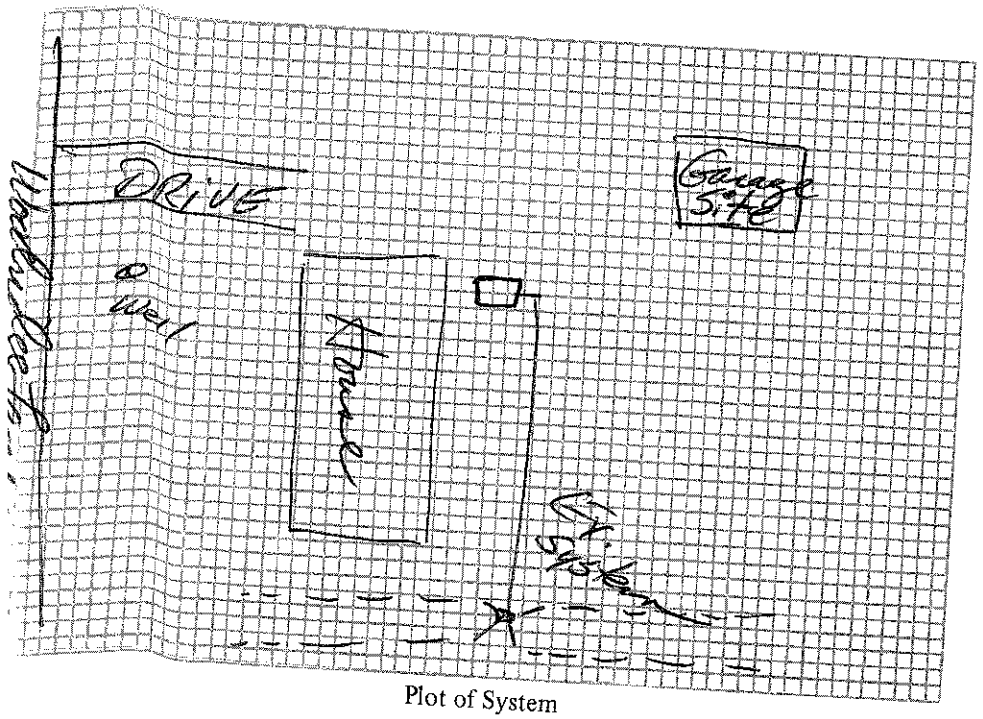
House ( ) Mobile Home ( ) Business ( ) Other Building Garage

No. Bedrooms _____ No. Bathrooms _____

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

Lot Area _____

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



Plot of System

Size of Tank Ex. Gals.
Nitrification Field:
No. of Lines Ex.
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 _____

COMMENTS: Existing system OK

CERTIFICATE OF COMPLETION BY _____

EXISTING SYSTEM CHECKED BY: David R. Lawson DATE _____

DATE 11-3-83

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

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 Tommy Lewis DATE 10-11-83 PERMIT NO. 346

PHONE: Business _____ Home _____

LOCATION 115 N to 2395 1 3/4 mile R Woodridge Lane 2nd on left

S. R. No. _____

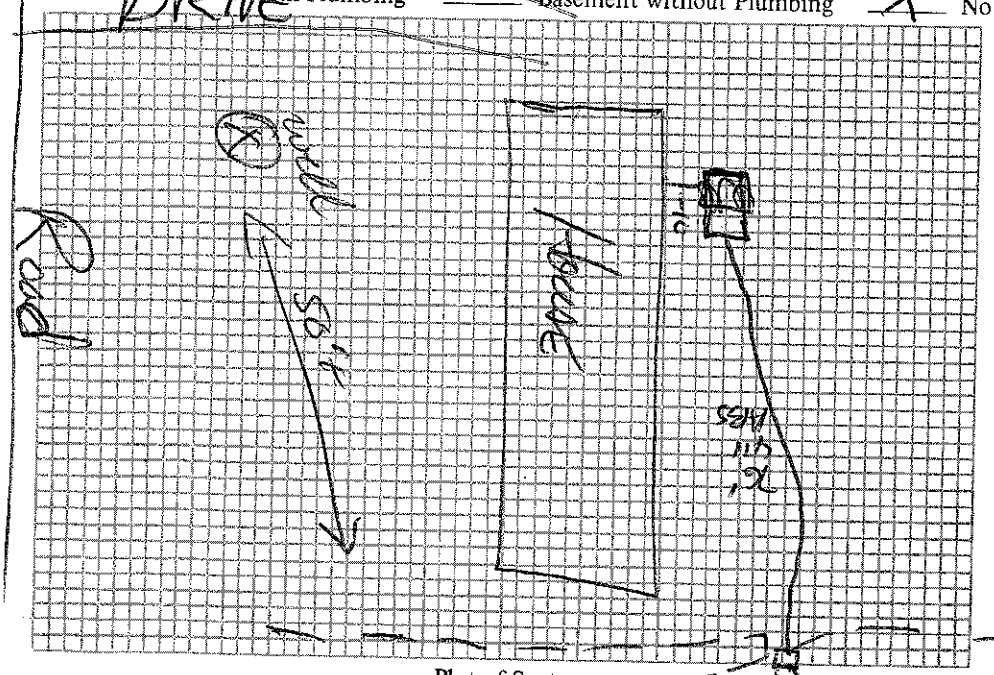
SUBDIVISION NAME Woodridge LOT NO. 2 SECTION OR BLOCK NO. _____

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

No. Bedrooms 3 No. Bathrooms 2

Garbage Disposal Unit	Yes ( )	No (X)	Character & Porosity of Soil	Weathered Rock
Auto. Dishwasher	Yes (X)	No ( )	Percolation Rate	~.5 gal/ft²/day
Auto. Wash. Machine	Yes (X)	No ( )	Topography	2-8%
Site Suitable	Yes (X)	No ( )	Depth to Water Table	4'+
Lot Area 20,000 FT²			Rock or other impervious formations	None Observed

Basement with Plumbing _____ Basement without Plumbing _____ No Basement (X)



Plot of System

Size of Tank 1000 Gals.

Nitrification Field:
No. of Lines 6
Sq. Ft. 720 Linear Ft. 240
Depth of Stone in Lines 12"

Water Supply: Individual (X)
Public ( )

Installed by Wayne Osborne

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

Signed: _____

IMPROVEMENTS PERMIT BY Fred Clemmer DATE 10-11-83

COMMENTS: 1,012 LF

CERTIFICATE OF COMPLETION BY Fred Clemmer DATE 10-11-83

EXISTING SYSTEM CHECKED BY: _____ DATE _____

CONSTRUCTION MUST COMPLY WITH ALL OTHER APPLICABLE STATE AND LOCAL REGULATIONS.

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