IREDELL COUNTY HEALTH DEPARTMENT 4668694268

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

OWNER OR CONTRACTOR Glenn Hamrick DATE 3/7/86 PERMIT NO. 98

PHONE: Business _____ Home _____

LOCATION 115 N, Rt on Tripletts, LF into Woodridge, 2nd lot on Rt

SUBDIVISION NAME Woodridge LOT NO. 20 SECTION OR BLOCK NO. _____ S. R. No. _____

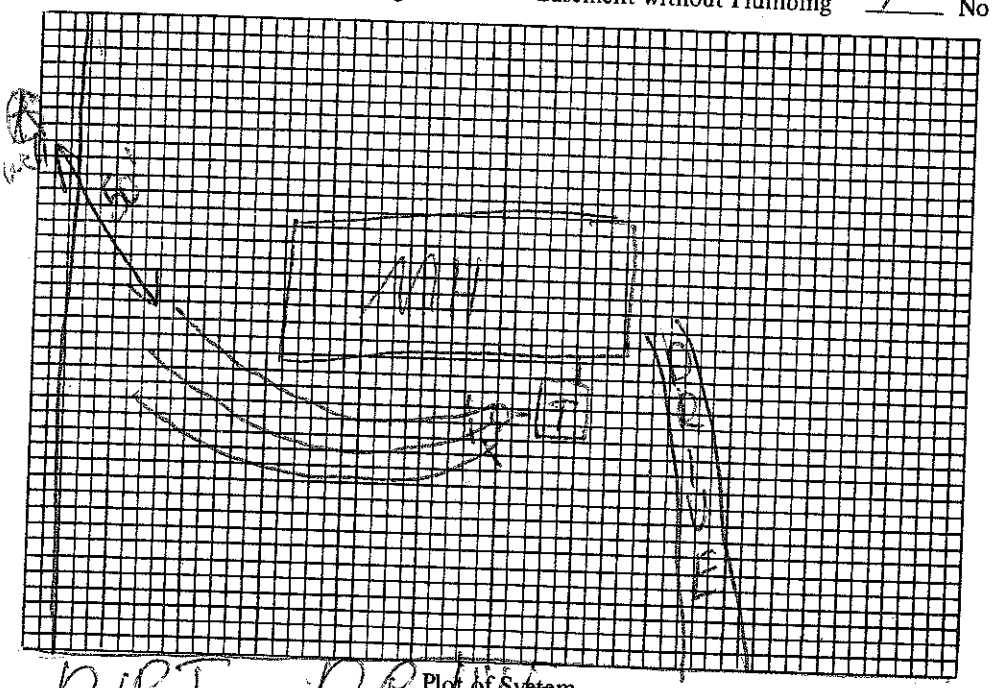
House ( ) Mobile Home (✓) Business ( ) Other _____

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 20 000 ft²

Character & Porosity of Soil clay-weathered saprolite
Percolation Rate 0.5 gal/ft²
Topography 2-4%
Depth to Water Table 4'
Rock or other impervious formations None Observed

_____ Basement with Plumbing _____ Basement without Plumbing ✓ No Basement



Plot of System

DIRT DRIVE

Size of Tank 1000 Gals.
Nitrification Field:
No. of Lines 3
Sq. Ft. 720 Linear Ft. 240
Depth of Stone in Lines 12
Water Supply: Individual (✓) To be drilled
Public ( )

Installed by Larry Beam

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

Signed: _____

IMPROVEMENTS PERMIT BY _____

COMMENTS: _____

CERTIFICATE OF COMPLETION BY Gilbert Dhuet HS DATE 3/7/86

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