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 J Luther Beckham DATE Oct 76 PERMIT NO. _____

PHONE: Business _____ Home _____

LOCATION Hy 115 N Hamer Left appx 3 mile Ste crossing South Yadkin River S. R. No. _____

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

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

No. Bedrooms 3 No. Bathrooms 1

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

Lot Area acreage

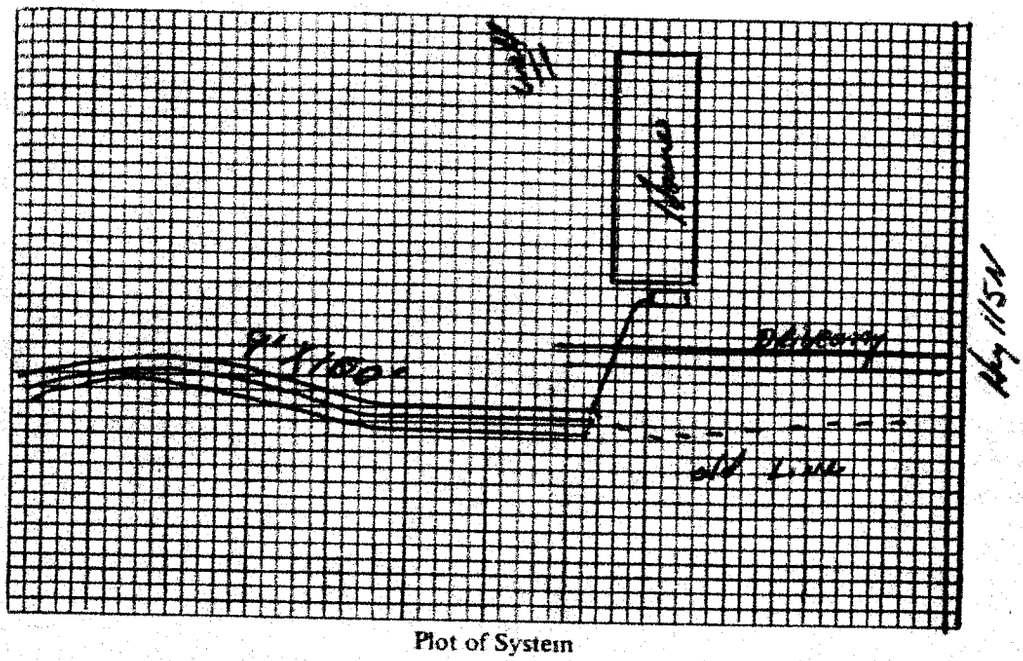
Character & Porosity of Soil Cecil Clay

Percolation Rate None

Topography 2-6% Slope

Depth to Water Table ok

Rock or other impervious formations ok



Plot of System

Size of Tank Existing Gals.

Nitrification Field:

No. of Lines 3

Sq. Ft. 900 Linear Ft. 300

Depth of Stone in Lines 10"

Water Supply: Individual (✓)

Public ( )

Installed by Harlee Lenley

IMPROVEMENTS PERMIT BY _____

COMMENTS: Tank exposed

Relocation of drain line due to extend right-of-way of Hy 115 N.

CERTIFICATE OF COMPLETION BY Wm Theard DATE 19 Oct 76

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

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