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 Clyde Beaver DATE 11-14-23 PERMIT NO. _____

PHONE: Business _____ Home _____

LOCATION 70 E - To DELLWOOD - TR - Across from Sigma - Mt. Concert House on LEFT - LOT 9 of 2 LOTS - S. R. No. _____

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

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

No. Bedrooms 3 No. Bathrooms 3

Garbage Disposal Unit Yes (✓) No ( )

Auto. Dishwasher Yes (✓) No ( )

Auto. Wash. Machine Yes (✓) No ( )

Site Suitable Yes (✓) No ( )

Lot Area 60,000 Sq ft.

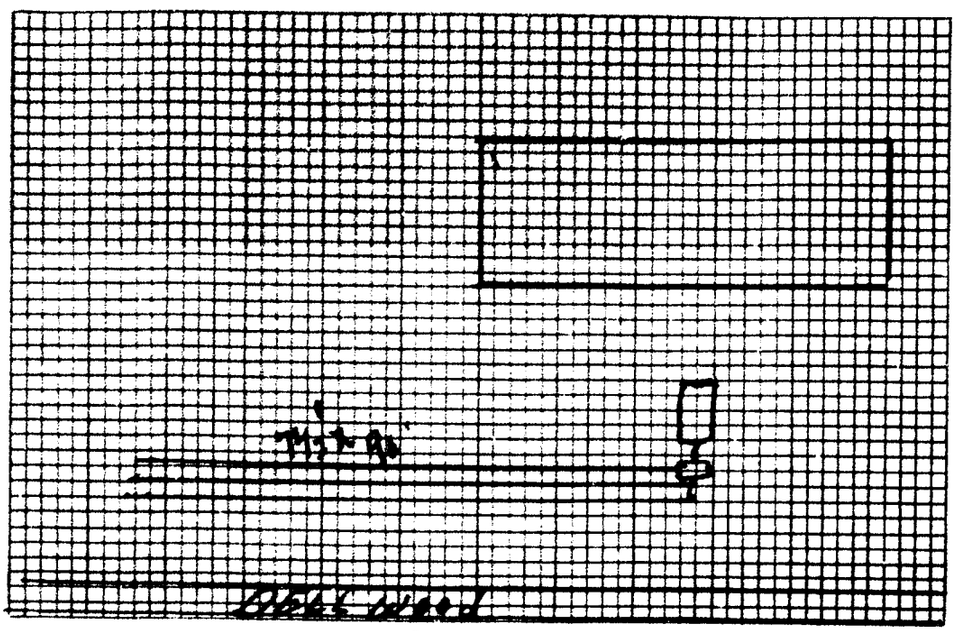
Character & Porosity of Soil Yellow clay

Percolation Rate Fast

Topography Slope To front

Depth to Water Table creek

Rock or other impervious formations _____



Plot of System

Size of Tank 1250 Gals.

Nitrification Field:

No. of Lines 3

Sq. Ft. 810 Linear Ft. 270

Depth of Stone in Lines 18"

Water Supply: Individual (✓)

Public ( )

Installed by N. IREDELL ST Co.
Rt. 1 OLIN, N.C.

IMPROVEMENTS PERMIT BY _____

COMMENTS: _____

CERTIFICATE OF COMPLETION BY [signature] DATE 11-14-23

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