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 Hammy Apartment Harold Dalton DATE 21 Nov 75 PERMIT NO. _____

PHONE: Business _____ Home _____

LOCATION Apartment behind Hammy Cafe.

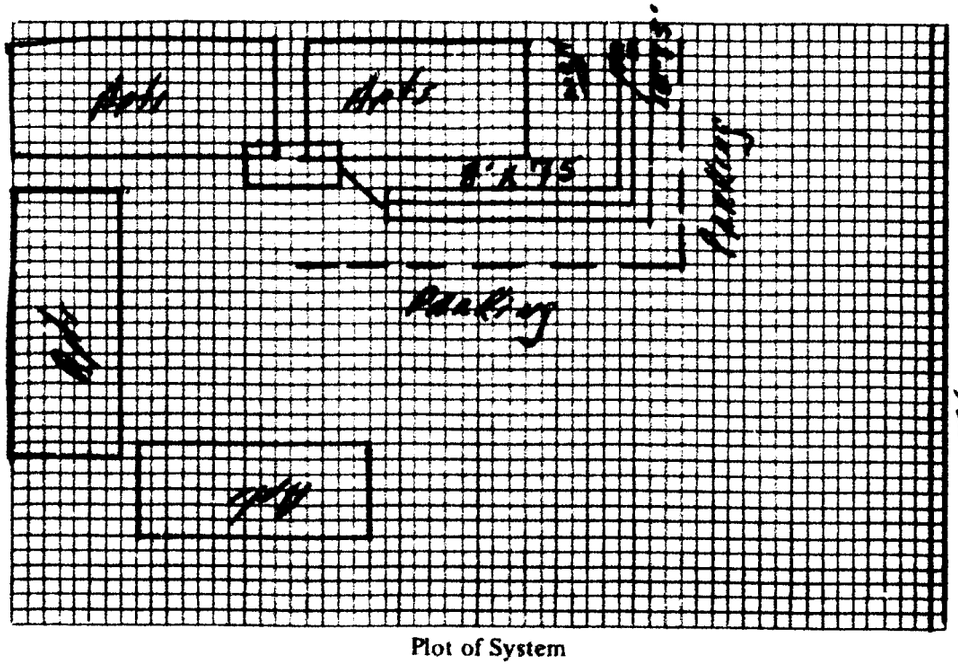
S. R. No. _____

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

House ( ) Mobile Home ( ) Business ( ) Other 3 Apts

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 Sand Clay Loam
Percolation Rate none
Topography Slope toward Hwy 21
Depth to Water Table ok
Rock or other impervious formations ok



Plot of System

Size of Tank Equity Tank (1500?) Gals.
Nitrification Field:
No. of Lines 3
Sq. Ft. 650 Linear Ft. 235
Depth of Stone in Lines 18"
Water Supply: Individual ( )
Public ✓

Installed by Harlan Lackey

IMPROVEMENTS PERMIT BY _____

COMMENTS: well was abandoned according to Dept of Health & Air Pollution Control rules. Apt. house septic tank and drain lines must be pumped and downspout piped away from septic tank system if system is expected to function properly. Do not pave or park over drain lines and tank.

CERTIFICATE OF COMPLETION BY Curtis Howard DATE _____

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

(Typed on to Sanitarian's Copy)

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