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 Beaver Funeral Home DATE 27 Feb 76 PERMIT NO. _____

PHONE: Business _____ Home _____

LOCATION 21N & Harmony. on left past 901 intersection

S. R. No. _____

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

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

No. Bedrooms _____ No. Bathrooms _____

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

Lot Area _____

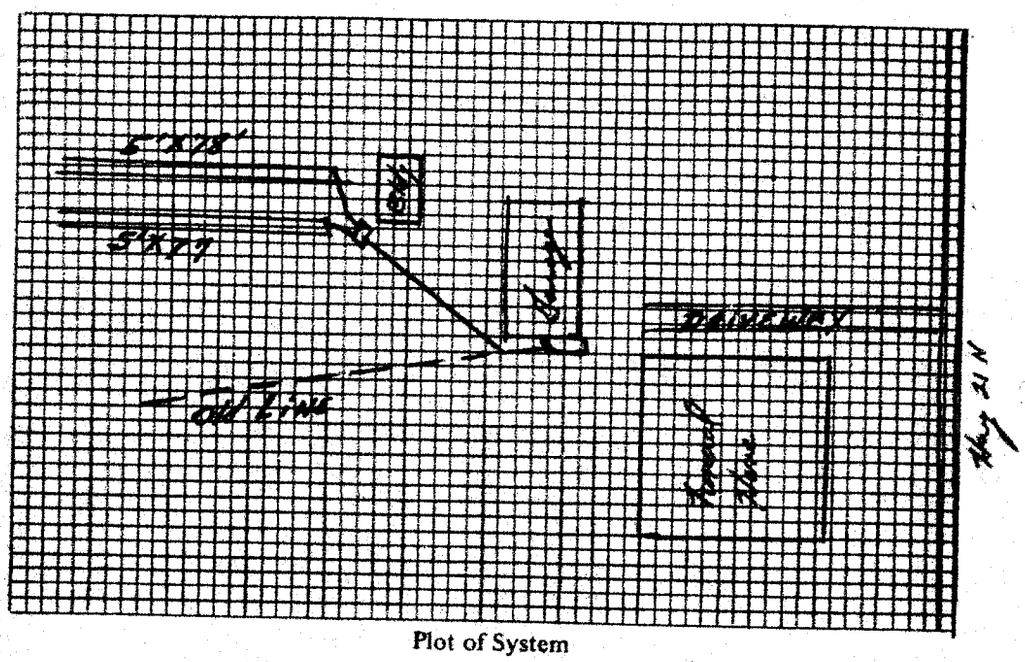
Character & Porosity of Soil Red Clay loam

Percolation Rate none

Topography Rolling 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 4

Sq. Ft. 750 Linear Ft. 300

Depth of Stone in Lines 12" plus

Water Supply: Individual ( )
Public (✓)

Installed by Herbie Lackey

IMPROVEMENTS PERMIT BY _____

COMMENTS: Distribution box set on concrete and water level.

CERTIFICATE OF COMPLETION BY William M. Howard DATE 27 Feb 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