IREDELL COUNTY HEALTH DEPARTMENT

15319

IMPROVEMENT PERMIT AND CERTIFICATE OF COMPLETION / OPERATIONS PERMIT

OWNER OR CONTRACTOR Faith Baptist Church DATE 12/15/92 PERMIT NO. 2HA6A

PHONE: Business _____ Home _____

LOCATION 215, TL on Alcom TR Catalina ~.7 mile on (R) before church building S.R. No. _____

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

House ☐ Mobile Home ☑ D/W Business ☐ Other _____

No. Bedrooms 4 No. Bathrooms 2

Garbage Disposal Unit Yes ☐ No ☑

Auto. Dishwasher Yes ☑ No ☐

Auto. Wash. Machine Yes ☑ No ☐

Lot Area Existing

Soil Characteristics P - C

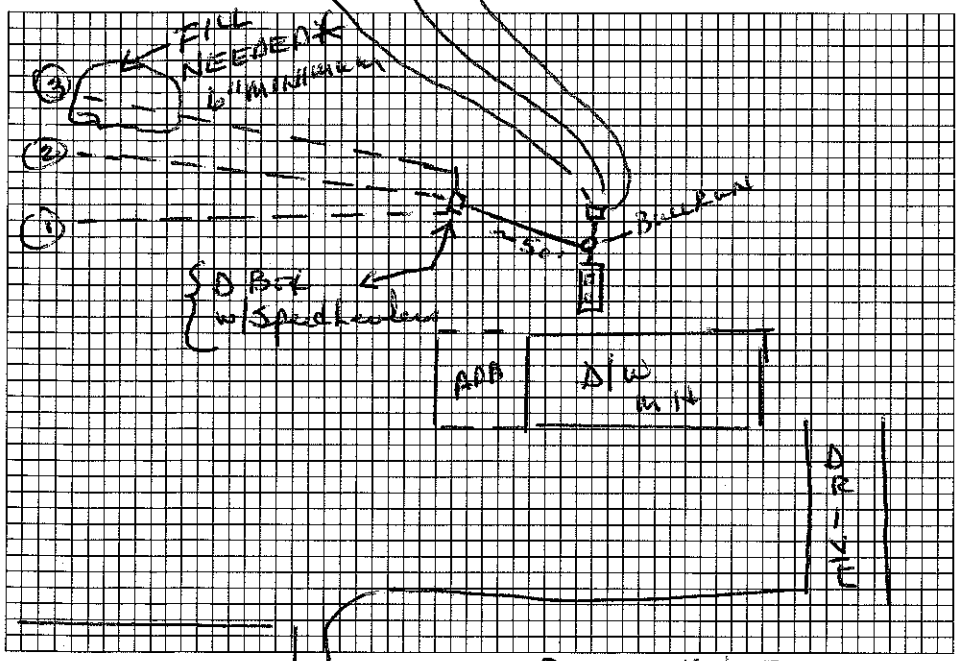
Application Rate P - (.3 S, SP, F)

Topography P

Depth to Water Table S 48"

Rock or other impervious formations S > 48"

_____ Basement with Plumbing _____ Basement without Plumbing ✓ No Basement ✓ Crawl Space



Plot of System (Not to Scale) PARKING LOT

Size of Tank Existing 1000 Gals.

Nitrification Field:

No. of Lines 3 @ 80' x 3'

Sq. Ft. 720 Linear Ft. 240

Depth of Stone in Lines 12 - 16"

Water Supply: Individual ☑ Public ☐

Installed by Ronnie Thomas

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

Signed: _____

(IMPROVEMENT PERMIT IS VALID FOR 60 MONTHS FROM DATE OF ISSUE.)

IMPROVEMENT PERMIT BY Citizen

COMMENTS Well rept to Catalina Rd. church.
Ball Run value set for existing drainfield
Fill will be needed to get the 6" minimum cover over entirety of drainline # 3. D Box leveled with rule-set water

CERTIFICATE OF COMPLETION BY Wesley Sparks R.S. DATE 12/15/92

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 unapproved changes are made to the site, and/or if any false information is supplied toward securing Improvement Permit.

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