15319

IREDELL COUNTY HEALTH DEPARTMENT

IMPROVEMENT PERMIT AND CERTIFICATE OF COMPLETION / OPERATIONS PERMIT

OWNER OR CONTRACTOR Faith Baptist Church DATE Nov. 10, '92 PERMIT NO. 2HA6A

PHONE: Business ________ Home ________

LOCATION 21S X I77 TL 1206 (Alcove) TR 1110 (Catalina) 1/2 mile on right S.R. No. ____

SUBDIVISION NAME ________ LOT NO. ____ SECTION OR BLOCK NO. ____

House ☐ Mobile Home ☑ DW Business ☐ Other ________

With Addition

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 ps clay/ trans.

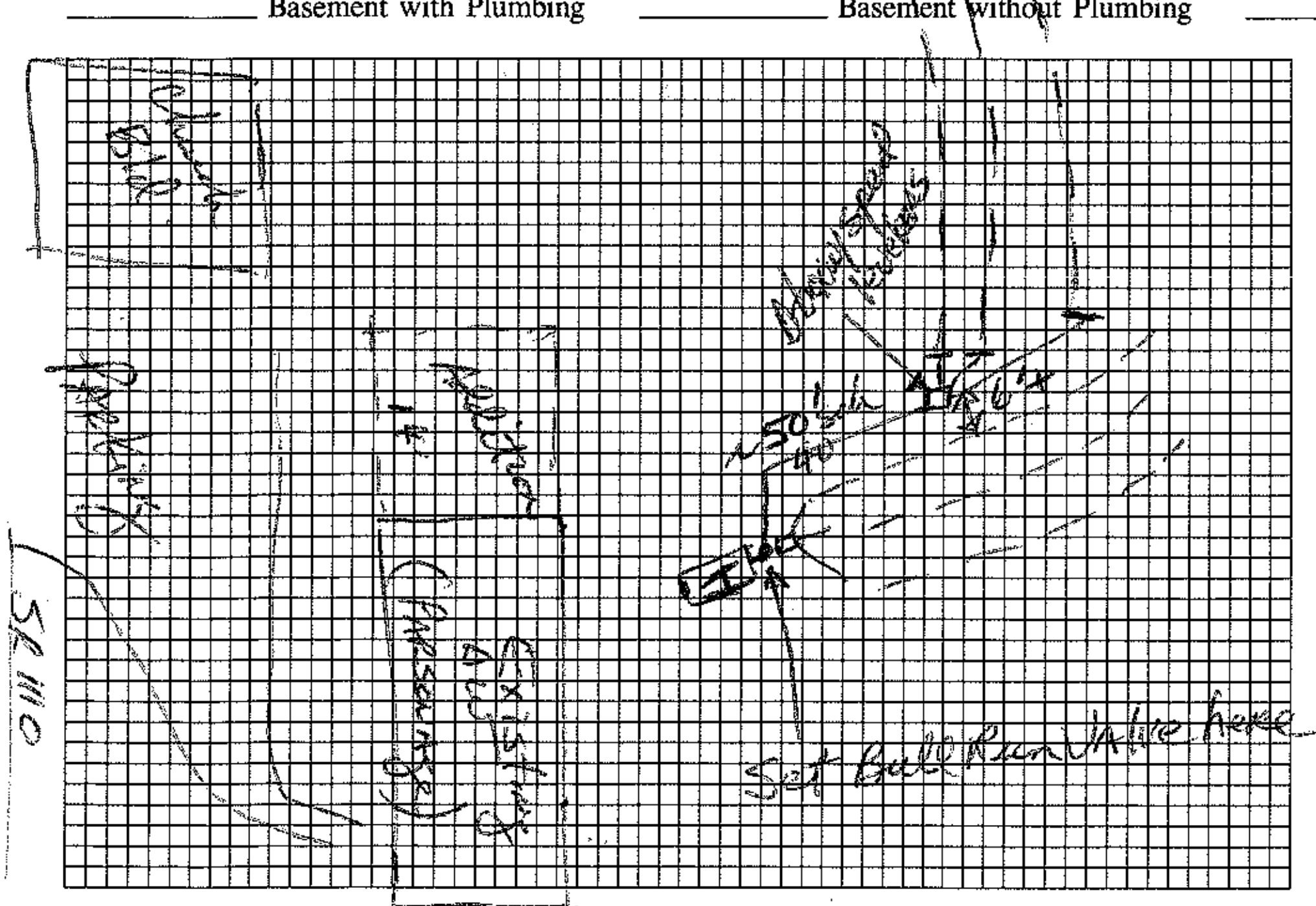
Application Rate .3

Topography ≈ 4%

Depth to Water Table 74'

Rock or other impervious formations NONE obs.

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



Plot of System (Not to Scale)

Size of Tank Existing (1000) Gals.

Nitrification Field:

No. of Lines 3-4

Sq. Ft. 720 Linear Ft. 240

Depth of Stone in Lines 12"

Water Supply: Individual ☑ Ex.

Public ☐

Installed by ________

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

Signed: X. Craig Seaford

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

IMPROVEMENT PERMIT BY David R. Herman, RS

COMMENTS Follow contour. 18"-24" trench bottom depth. Pull some fill dirt in area over existing lower 2 lines where it was cut. This replaces permit issued 10/13/92.

CERTIFICATE OF COMPLETION BY ________ DATE ____

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