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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 Mt. Mourne Church of God Parsonage DATE 10/3/90 PERMIT NO. ZH- 6-A-2

PHONE: Business ____ Home ____

LOCATION 115S On left just past Mt. Mourne School

S. R. No. ____

SUBDIVISION NAME ____ 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~~ PS Yes (✓) No ( )

Lot Area 6.51 ac

Character & Porosity of Soil ps clay b/c sap @ 20"

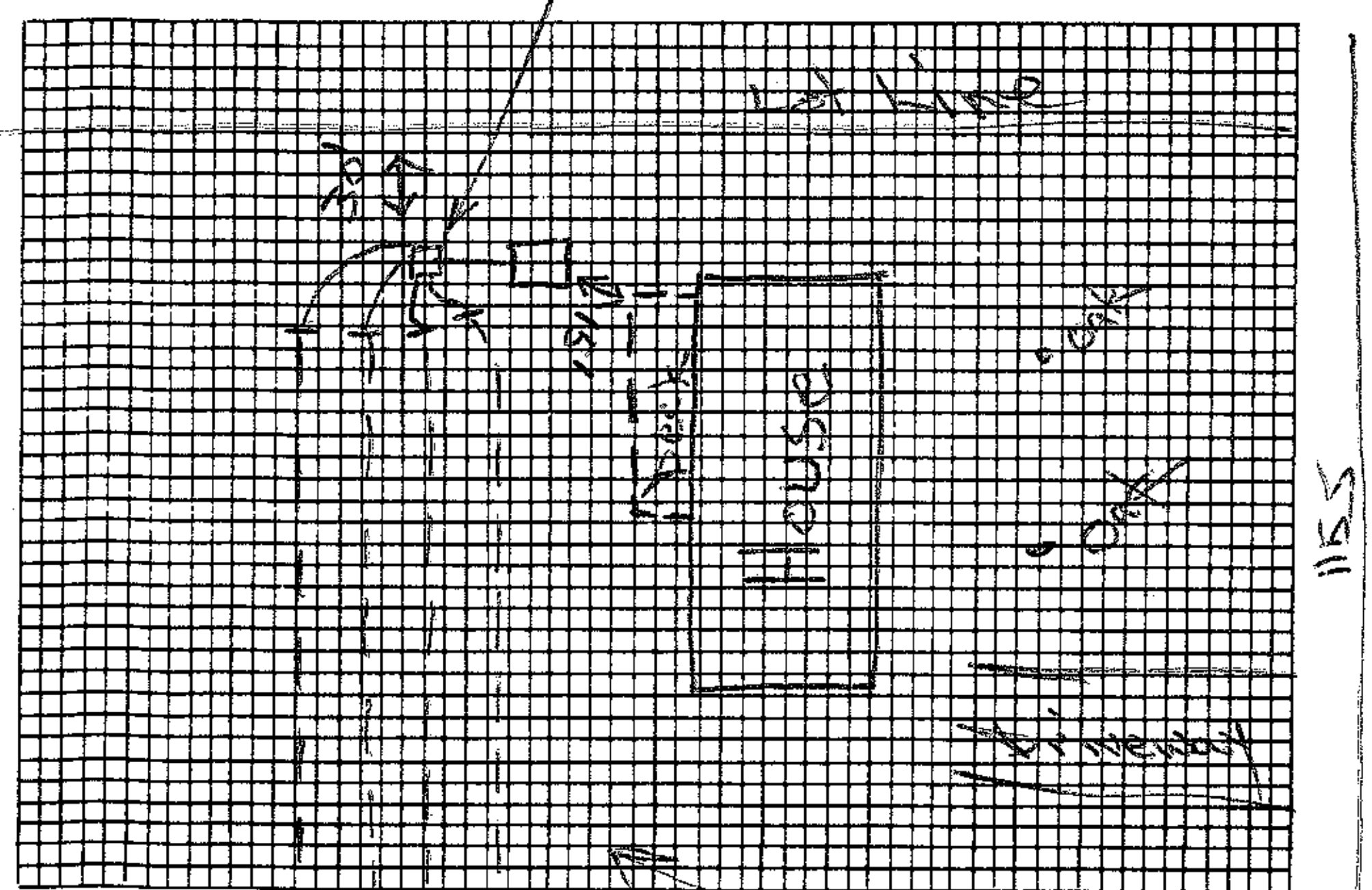
Percolation Rate n. 3 gpd/ft2

Topography 1-5%

Depth to Water Table +3'

Rock or other impervious formations none obs.

____ Basement with Plumbing ____ Basement without Plumbing ✓ No Basement



Plot of System

Size of Tank 1250 Gals.

Nitrification Field:

No. of Lines 4 @ 100'

Sq. Ft. 1200 Linear Ft. 400'

Depth of Stone in Lines 12"

Water Supply: Individual (✓)

Public ( )

Installed by JC Fowles

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

Signed: ____

IMPROVEMENTS PERMIT BY ____

COMMENTS: D-Box with Speed Levelers
Approved under provisions of saprolite rules

CERTIFICATE OF COMPLETION BY Sam Ingram EHS DATE 10/3/90

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 false information is supplied in making Improvements Permit.

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