4679024803

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 Tripplett United Methodist Church DATE 9-9-85 PERMIT NO. 392

PHONE: Business _____ Home _____

LOCATION on corner of Mazeppa & Tripplett Rd. off 801

_____ S. R. No. _____

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

House ( ) Mobile Home ( ) Business ( ) Other barbeque house

No. Bedrooms 1 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 _____

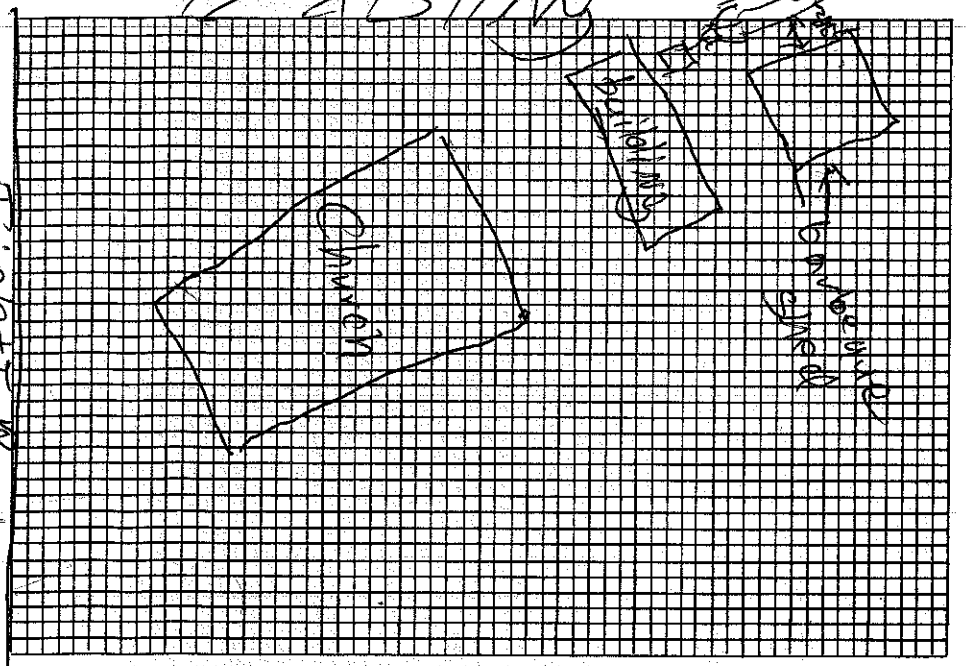
Percolation Rate _____

Topography _____

Depth to Water Table _____

Rock or other impervious formations _____

_____ Basement with Plumbing _____ Basement without Plumbing _____ No Basement



Plot of System

Size of Tank _____ Gals.

Nitrification Field:

No. of Lines _____

Sq. Ft. _____ Linear Ft. _____

Depth of Stone in Lines _____

Water Supply: Individual ( )

Public ( )

Installed by _____

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

Signed: _____

IMPROVEMENTS PERMIT EXPIRES 9 Road

COMMENTS: Existing system working OK at date of inspection

CERTIFICATE OF COMPLETION BY _____ DATE _____

EXISTING SYSTEM CHECKED BY: Charles K. Barnett DATE 9-9-85

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