04460

# 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 GOSPEL WAY BAP. CHURCH. FELLOWSHIP HALL DATE 4-28-86. PERMIT NO. _____

PHONE: Business _____ Home _____

LOCATION Hwy 64-70 just past white Oaks - T.L. on Holman Rd. - go to stop sign - T.R. - church down on (R). S. R. No. _____

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

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

No. Bedrooms — No. Bathrooms 2+ Kitchen Character & Porosity of Soil Prev. Suitable.

Garbage Disposal Unit Yes ( ) No (✓) Percolation Rate _____ Gal./sq.ft.

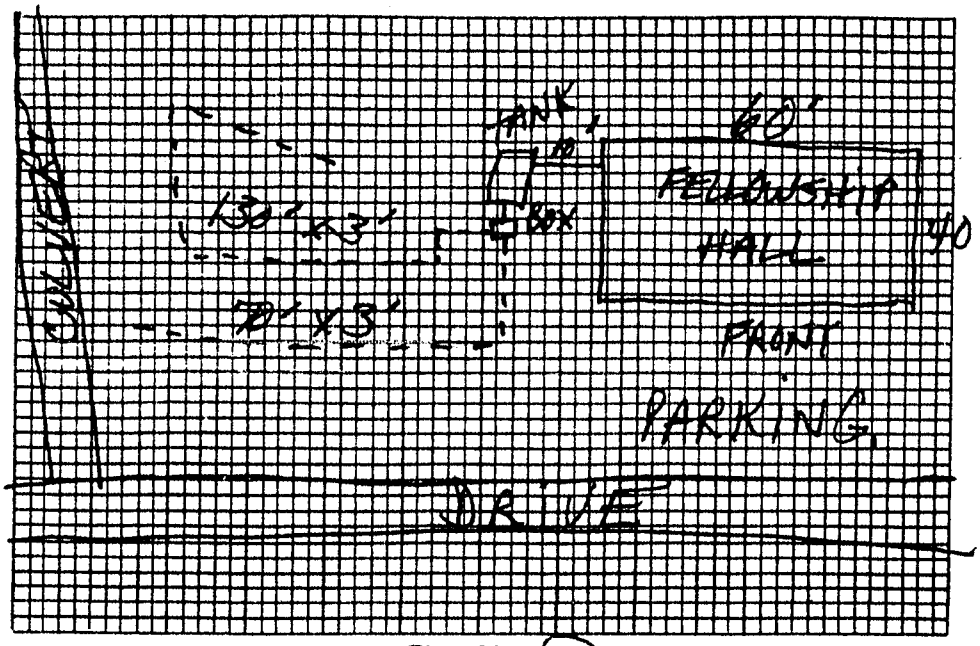
Auto. Dishwasher Yes ( ) No (✓) Topography 2-6%

Auto. Wash. Machine Yes ( ) No (✓) Depth to Water Table 10'+

Site Suitable Yes (✓) No ( ) Rock or other impervious formations none observed impervious.

Lot Area Ample

_____ Basement with Plumbing _____ Basement without Plumbing ✓ No Basement




Plot of System

Size of Tank 1000 Gals.

Nitrification Field:

No. of Lines 7

Sq. Ft. 600 Linear Ft. 200

Depth of Stone in Lines 12"

Water Supply: Individual ( )

Public (✓)

Installed by Kenneth Chaffin

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

Signed: _____

IMPROVEMENTS PERMIT BY Steve Brown

COMMENTS: _____

CERTIFICATE OF COMPLETION BY Steve Brown DATE 4-28-86.

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