IREDELL COUNTY HEALTH DEPARTMENT

IMPROVEMENT PERMIT AND CERTIFICATE OF COMPLETION / OPERATIONS PERMIT

14368

OWNER OR CONTRACTOR TABERNACLE BAPT. CHURCH DATE 12/8/92 PERMIT NO. BT-A25

PHONE: Business _____ Home _____

LOCATION NC 90 W, TL LIPPARD FARM ROAD, ON (L) ~ 1.0 MILE S.R. No. _____

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

House ☐ Mobile Home ☐ ~~Business~~ ☑ Other CHURCH DESIGN CAPACITY FOR 96 MEMBERS @ 5GPD/MEM

No. Bedrooms N/A No. Bathrooms 4 Soil Characteristics DS

Garbage Disposal Unit Yes ☐ No ☑ Application Rate 0.40 GPD/FT²

Auto. Dishwasher Yes ☐ No ☑ Topography 6-10% LINEAR

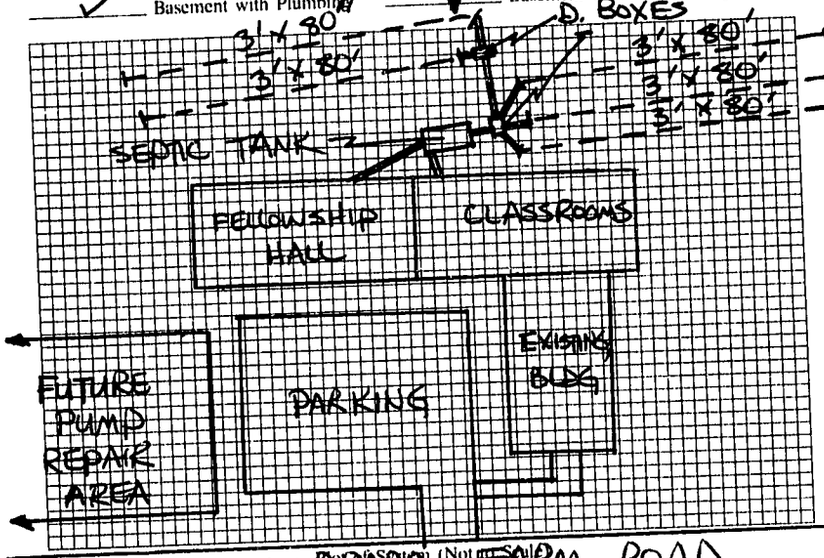
Auto. Wash. Machine Yes ☐ No ☑ Depth to Water Table >4'

Lot Area AMPLE Rock or other impervious formations SMALL SURFACE ROCK

STREAM

50'+

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



Size of Tank 1250 Gals.

Nitrification Field:

No. of Lines 5

Sq. Ft. 1200 Linear Ft. 400

Depth of Stone in Lines 12"

Water Supply: Individual ☐ Public ☑

Installed by JAMES HUDLER

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.)

Property Location (Not to Scale) LIPPARD FARM ROAD

IMPROVEMENT PERMIT BY STEVE BROWN

COMMENTS ① KEEP FUTURE BUILDING FOUNDATION MINIMUM 5' FROM ANY PART OF SEPTIC SYSTEM ② REPAIR AREA IS 100% CONVENTIONAL, PUMP-FED.

CERTIFICATE OF COMPLETION BY STEVE HEDRICK DATE 12/8/92

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