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 St. Paul Lutheran Church DATE 25 July 25 PERMIT NO. _____

PHONE: Business _____ Home _____

LOCATION NC E. _____

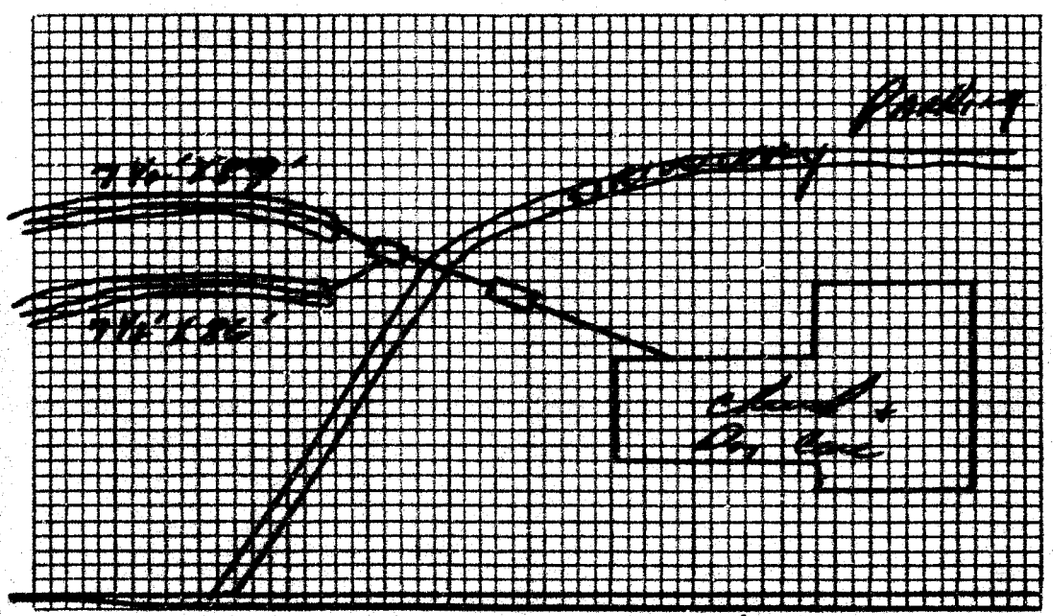
_____ S. R. No. _____

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

House ( ) Mobile Home ( ) Business ( ) Other Church + Day Care

No. Bedrooms _____ 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 Red Clay
Percolation Rate 30
Topography Slight slope
Depth to Water Table ok
Rock or other impervious formations ok



Plot of System Hwy 70 E

Size of Tank 1500 Gals.
Nitrification Field:
No. of Lines 6
Sq. Ft. 1250 Linear Ft. 510
Depth of Stone in Lines 12"
Water Supply: Individual ( )
Public (✓)

Installed by Henry Lyons

IMPROVEMENTS PERMIT BY _____

COMMENTS: 150 active members
30 Day Care

CERTIFICATE OF COMPLETION BY [illegible] DATE _____

CONSTRUCTION MUST COMPLY WITH ALL OTHER APPLICABLE STATE AND LOCAL REGULATIONS.

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