Statesville city

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 Christ Blvd methalist Disabled Home DATE 5-8-90 PERMIT NO. C-11

PHONE: Business _____ Home _____

LOCATION N. Tarin Dr. back of church Property S. R. No. _____

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

House (✓) Mobile Home ( ) Business ( ) Other Disabled Home 6 residences 2 acre Tarin

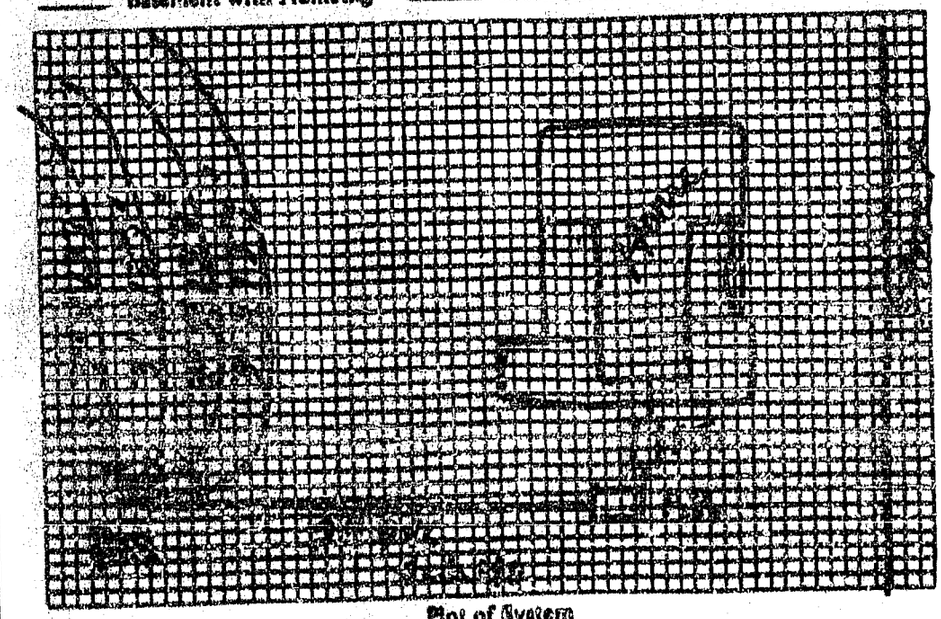
No. Bedrooms _____ No. Bathrooms _____

Garbage Disposal Unit	Yes ( )	No ( )
Auto. Dishwasher	Yes ( )	No ( )
Auto. Wash. Machine	Yes ( )	No ( )
Site Suitable	Yes ( )	No ( )

Character & Porosity of Soil Tapsaide Sandy loam Texture
Percolation Rate 1 3 gal per sq ft per day
Topography Gentle
Depth to Water Table 10'
Rock or other impervious formations None

Lot Area _____

_____ Basement with Plumbing _____ Basement without Plumbing _____ No Basement



Plot of System

Size of Tank 1500 gal S.T. 1500 gal P.T. Gals.
Nitrification Field:
No. of Lines 4
Sq. Ft. 1600 Linear Ft. 533
Depth of Stone in Lines 12"
Water Supply: Individual ( )
Public (✓)

Installed by mike Rogers Mocksville NC

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

Signed: _____

Landscape so that surface water will not stand over Septic Tank or Pump tank

IMPROVEMENTS PERMIT BY P. C. moore

COMMENTS: Wire Pump & Alarm according to Statesville city bldg Insp. Standards must be all Electrical Connections outside Pump Tank.

CERTIFICATE OF COMPLETION BY P. C. moore DATE 5-8-90

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