IREDELL COUNTY HEALTH DEPARTMENT

(SEPTIC TANK) IMPROVEMENTS PERMIT AND CERTIFICATE OF COMPLETION
(Ground Absorption Sewage Disposal System -- G. S. Chapter 130-Article 13C)

11689

OWNER OR CONTRACTOR Taylor Springs Bapt. Ch. DATE 7/25/90 PERMIT NO. 15K-A-16

PHONE: Business _____ Home _____

LOCATION NC 115 N past Jordans Texaco TL Taylor Springs Ch. Rd To end on left S. R. No. _____

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

House ( ) Mobile Home ( ) Business ( ) Other (CHURCH ADDITION)

No. Bedrooms N/A No. Bathrooms 4 4 1 SINK

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

Character & Porosity of Soil PROV. SUITABLE
Percolation Rate .4 GAL / 30 FT
Topography 2-6%
Depth to Water Table 10'+
Rock or other impervious formations NONE

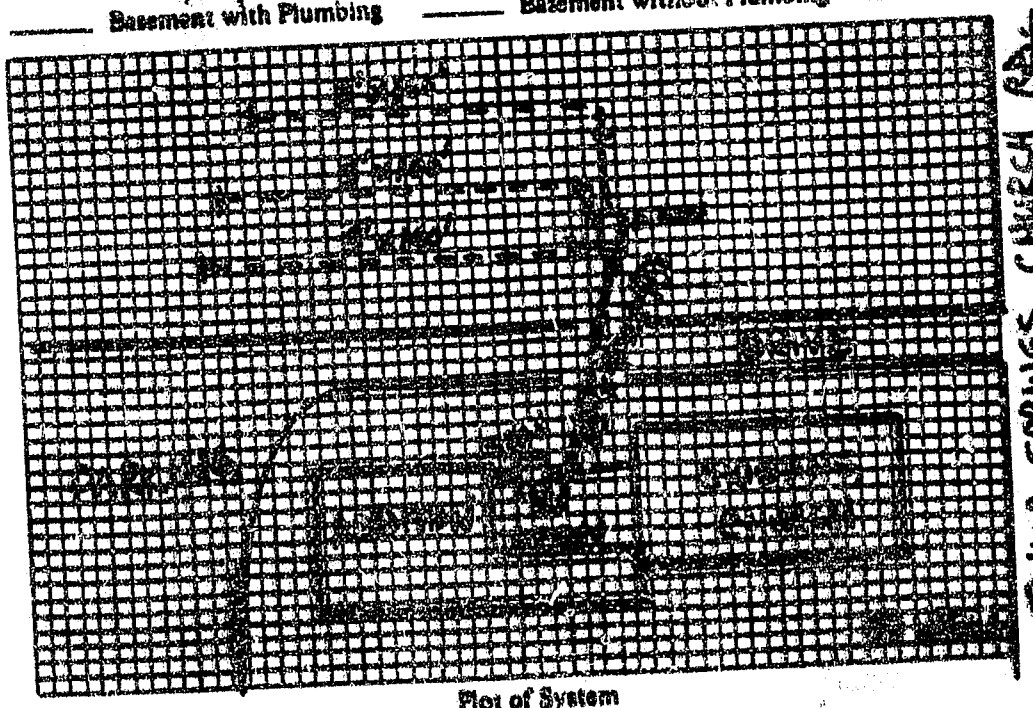
Lot Area ample

_____ Basement with Plumbing _____ Basement without Plumbing ✓ No Basement

Size of Tank EXISTING Gals.

Nitrification Field:
No. of Lines 3
Sq. Ft. 300 Linear Ft. 300
Depth of Stone in Lines 12"

Water Supply: Individual (✓)
Public ( )



Plot of System

Installed by JAMES Hooper

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 HOOPER / GLENN FOX, JR DATE 7/25/90

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