not on Terminal

IREDELL COUNTY HEALTH DEPARTMENT

IMPROVEMENT PERMIT AND CERTIFICATE OF COMPLETION / OPERATIONS PERMIT

14324 PARSONAGE

OWNER OR CONTRACTOR GETHSEMANE BAPTIST CHURCH DATE 7/1/92 PERMIT NO. 13M-A-36

PHONE: Business _____ Home _____

LOCATION US 21 N, TL JENNINGS ROAD, TL GETHSEMANE ROAD, ON L BEHIND CHURCH, BACK IN WOODED AREA S.R. No. _____

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

House ☑ Mobile Home ☐ Business ☐ Other _____

No. Bedrooms 4 No. Bathrooms 2

Garbage Disposal Unit Yes ☐ No ☑

Auto. Dishwasher Yes ☑ No ☐

Auto. Wash. Maching Yes ☑ No ☐

Lot Area AMPLE

Soil Characteristics PS

Application Rate 0.35 GPD/FT2

Topography 4-6% LS

Depth to Water Table >24"

Rock or other impervious formations NONE

D. BOX

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

ACP 4/1/92

Size of Tank 1250 Gals.

Nitrification Field:

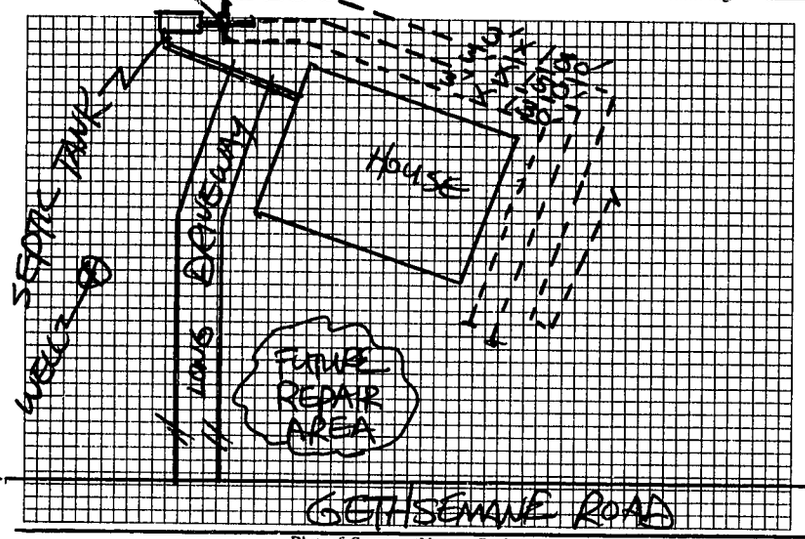
No. of Lines 3

Sq. Ft. 1380 Linear Ft. 460

Depth of Stone in Lines 12"

Water Supply: Individual ☑ WELL

Public ☐



Plot of System (Not to Scale)

Installed by A-1 BACKHOE

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.)

IMPROVEMENT PERMIT BY STEVE HEDRICK

COMMENTS REPAIR AREA IS 100% CONVENTIONAL GRAVITY-FED

CERTIFICATE OF COMPLETION BY STEVE HEDRICK DATE 7/7/92

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