43568

IREDELL COUNTY HEALTH DEPARTMENT

IMPROVEMENT PERMIT AND CERTIFICATE OF COMPLETION / OPERATIONS PERMIT

14707

OWNER OR CONTRACTOR MT. VERNON BAPTIST CHURCH DATE 8/31/92 PERMIT NO. 130-A-12

PHONE: Business 876-2269 Home GARY L. MARSHALL

LOCATION US 21 N, TL JENNINGS ROAD, TL MT. VERNON CH. ROAD, CHURCH ON (R), FELLOWSHIP HALL IN BACK S.R. No. ____

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

House ☐ Mobile Home ☐ Business ☐ (Other) FELLOWSHIP HALL SIZED AT 630 GPD

No. Bedrooms N/A No. Bathrooms 2

Garbage Disposal Unit Yes ☐ No ☑

Auto. Dishwasher Yes ☑ No ☐

Auto. Wash. Machine Yes ☑ No ☐

Lot Area ____

Soil Characteristics PS

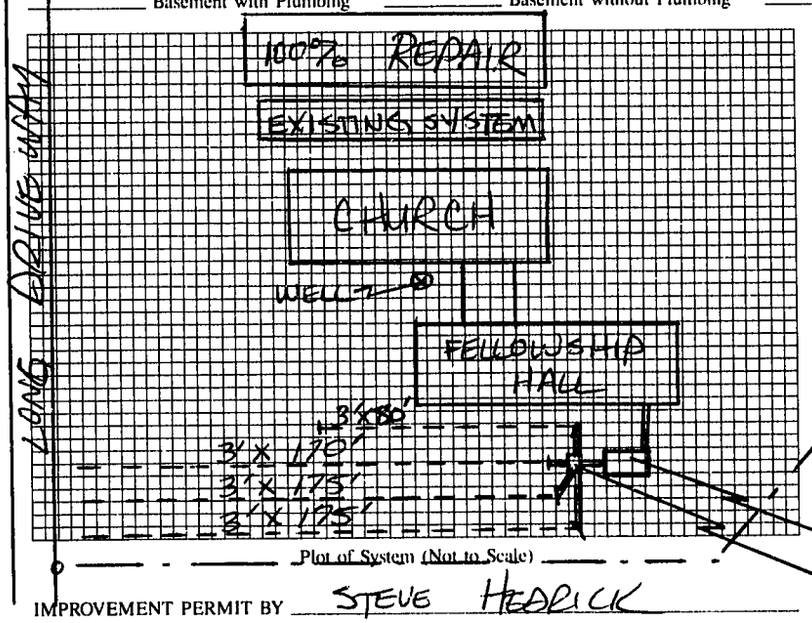
Application Rate 0.35 GPD / FT²

Topography 4-6% LINEAR SLOPE

Depth to Water Table >4'

Rock or other impervious formations NONE

MT. VERNON CHURCH ROAD



Plot of System (Not to Scale)

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

Size of Tank ACP 4/30/AP 1250 Gals.

Nitrification Field:

No. of Lines 4

Sq. Ft. 1800 Linear Ft. 600

Depth of Stone in Lines 12"

Water Supply: Individual ☑ WELL

Public ☐

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 8/31/92

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