03360

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 New Life Missionary Bapt. Ch. DATE 8-2-85 PERMIT NO. _____

PHONE: Business _____ Home _____

LOCATION I-77N Tl on 90 W to TR on SR 1807 (Summers Rd) TR on SR 1810 (McNeil Rd) Church on Rt. S. R. No. 1810

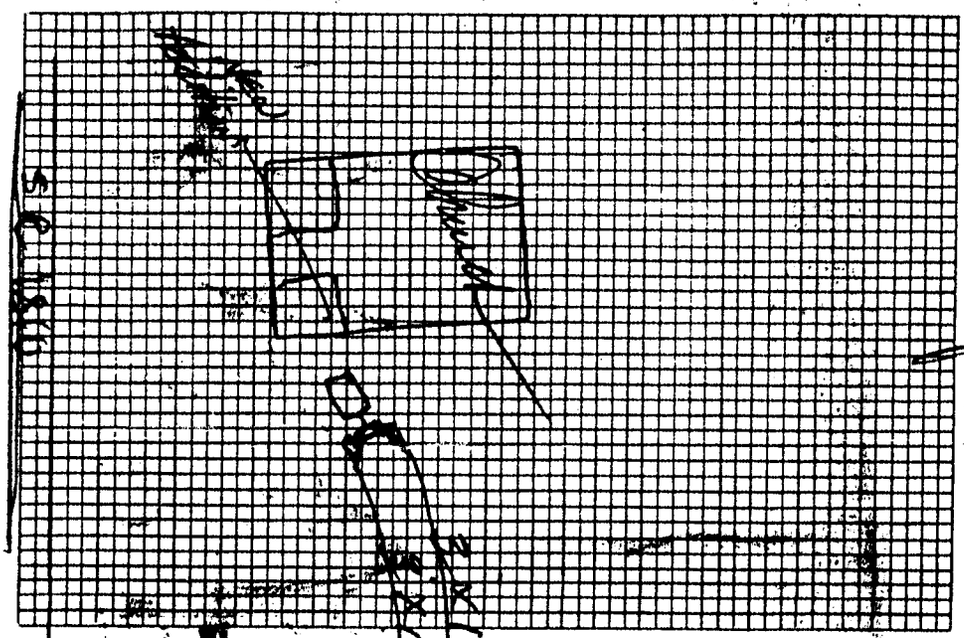
SUBDIVISION NAME _____ LOT NO. _____ SECTION OR BLOCK NO. _____

House ( ) Mobile Home ( ) Business ( ) Other Existing Church. Addition - Bath

No. Bedrooms _____	No. Bathrooms 2		Character & Porosity of Soil	Appr. Suitable
Garbage Disposal Unit	Yes ( )	No ( )	Percolation Rate	5 min per ft approx.
Auto. Dishwasher	Yes ( )	No ( )	Topography	Slope
Auto. Wash. Machine	Yes ( )	No ( )	Depth to Water Table	6'0"
Site Suitable	Yes ( )	No ( )	Rock or other impervious formations	None

Lot Area _____

_____ Basement with Plumbing _____ Basement without Plumbing ✓ No Basement



Plot of System

Size of Tank 1000 Gals.

Nitrification Field:

No. of Lines 2

Sq. Ft. 720 Linear Ft. 240

Depth of Stone in Lines 24

Water Supply: Individual _____

Public ✓

Installed by Mauldin - Jack Campbell & Co.

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

Signed: _____

IMPROVEMENTS PERMIT BY _____

COMMENTS: _____

CERTIFICATE OF COMPLETION BY _____ DATE 8/2/85

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