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IREDELL COUNTY HEALTH DEPARTMENT

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

12530

OWNER OR CONTRACTOR CONNOR LAMBERT DATE 3/12/91 PERMIT NO. 12N-1-K-6A,7

PHONE: Business _____ Home _____

LOCATION US 21 N PAST NC 901 ON (L) ACROSS FROM NCNB HARMONY S. R. No. _____

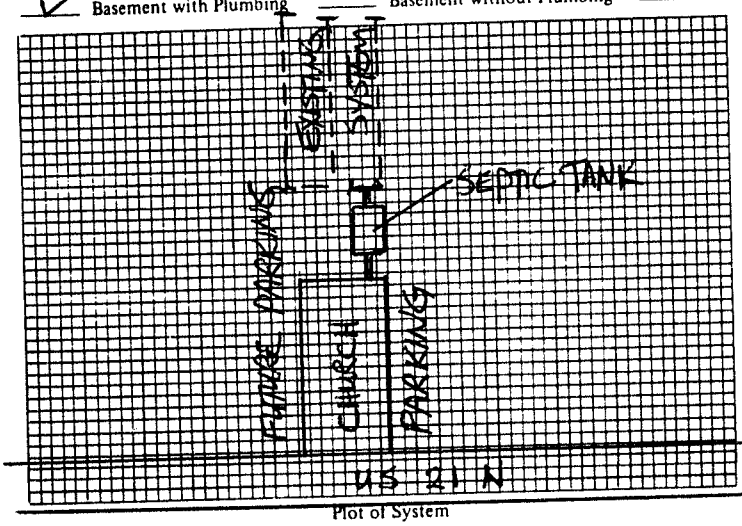
SUBDIVISION NAME _____ LOT NO. _____ SECTION OR BLOCK NO. _____

House ( ) Mobile Home ( ) Business ( ) (Other) CHURCH W/ KITCHEN / 80 SEATS @ 5GPD 400 GAL / DAY

No. Bedrooms — No. Bathrooms 2 (2 FIXTURES EACH)

Garbage Disposal Unit	Yes ( )	No (✓)	Character & Porosity of Soil
Auto. Dishwasher	Yes ( )	No (✓)	Percolation Rate
Auto. Wash. Machine	Yes ( )	No (✓)	Topography
Site Suitable	Yes (✓)	No ( )	Depth to Water Table
Lot Area AMPLE			Rock or other impervious formations EXISTING

(✓) Basement with Plumbing ____ Basement without Plumbing ____ No Basement



Plot of System

Size of Tank _____ (EXISTING)
Nitrification Field:
No. of Lines _____
Sq. Ft. _____ Linear Ft. _____
Depth of Stone in Lines _____
Water Supply: Individual ( )
Public (✓)

Installed by _____

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

Signed: X Melvin Campbell

N →

IMPROVEMENTS PERMIT BY _____

COMMENTS: DO NOT PAVE OR GRAVEL BACK LOT FOR PARKING. NO TRAFFIC ALLOWED OVER EXISTING SYSTEM

CERTIFICATE OF COMPLETION BY _____ DATE _____

EXISTING SYSTEM CHECKED BY: STEVE HEDRICK DATE 3/12/91

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