STB - 1012
5/18/96

15333

IREDELL COUNTY HEALTH DEPARTMENT

IMPROVEMENT PERMIT AND CERTIFICATE OF COMPLETION / OPERATIONS PERMIT

OWNER OR CONTRACTOR Joy Delight Commandment Keeping Church DATE 10/21/92 PERMIT NO. 3B-A-22

PHONE: Business _____ Home 528-4447 - PASTOR BEVERLY LEACH

LOCATION FERN HILL RDg ON (L) ACROSS FROM OLD CHURCH SITE

S.R. No. _____

SUBDIVISION NAME N/A LOT NO. _____ SECTION OR BLOCK NO. _____

House ☐ Mobile Home ☐ Business ☐ ✓Other 148 SEAT CHURCH = 444GPD ÷ .4 = 1110 FT² = 370 FT.

No. Bedrooms _____ No. Bathrooms _____

Garbage Disposal Unit Yes ☐ No ☐

Auto. Dishwasher Yes ☐ No ☐

Auto. Wash. Machine Yes ☐ No ☐

Lot Area _____

Soil Characteristics P - C/SL C

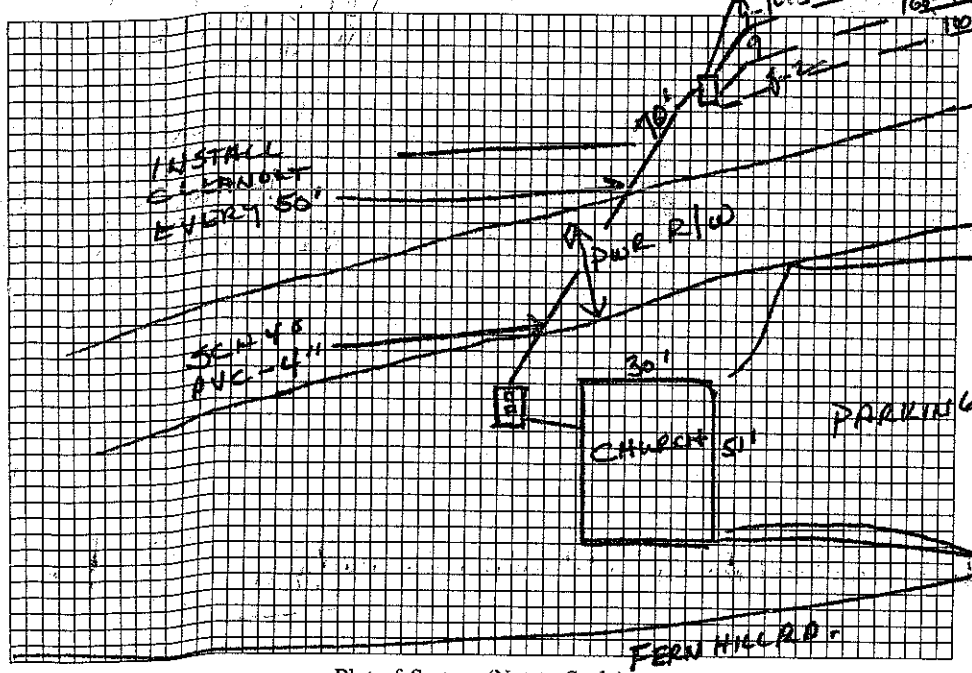
Application Rate P - 55 / WK GRAN

Topography P - 3-5%

Depth to Water Table S > 48" 10-F 10-2

Rock or other impervious formations S - NONE OBSERVED

_____ Basement with Plumbing _____ Basement without Plumbing _____ No Basement 9F _____ Crawl Space



Plot of System (Not to Scale)

Size of Tank 1000 Gals.

Nitrification Field:

No. of Lines 4 @ 100' x 3'

Sq. Ft. 1200 Linear Ft. 400

Depth of Stone in Lines 12"

Water Supply: Individual ✓ NOT DRILLED YET

Public ☐

Installed by Donald Lackey

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

Signed: x Beverly S. Leach

(IMPROVEMENT PERMIT IS VALID FOR 60 MONTHS FROM DATE OF ISSUE.)

IMPROVEMENT PERMIT BY Wesley Sparks RS.

COMMENTS Keep trenches shallow no deeper than 36" to trench bottom. Lines on slope contour in deviation shown.

~~CERTIFICATE~~ Operation OF COMPLETION BY Wesley Sparks RS. DATE 8/9/96

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

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Lot Area _____

Soil Characteristics P - C/SIC

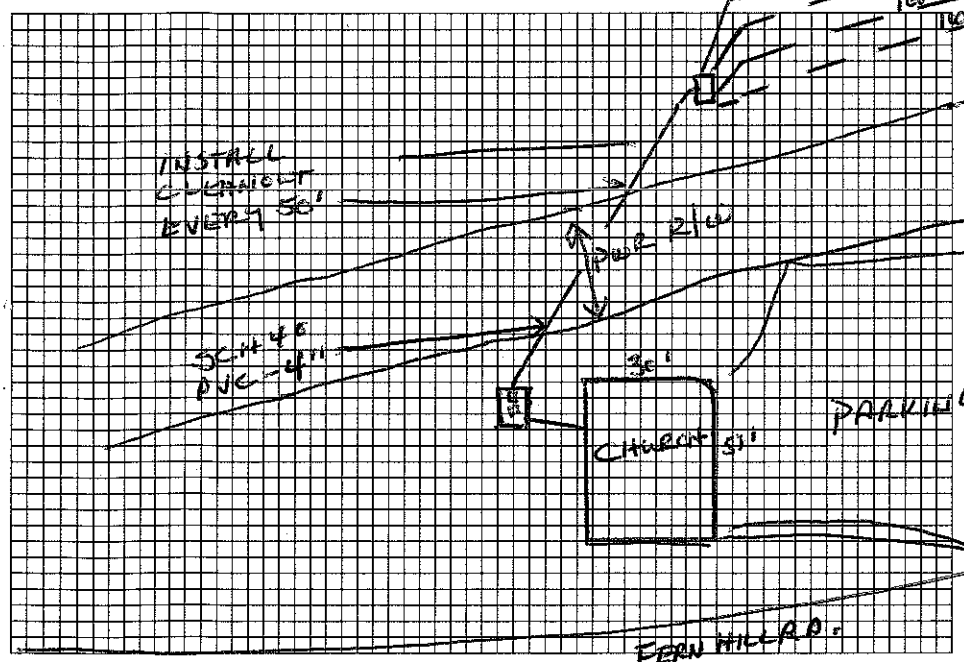
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Topography P - 3-5%

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Rock or other impervious formations S - NONE OBSERVED

_____ Basement with Plumbing _____ Basement without Plumbing _____ No Basement — 1 — Crawl Space



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