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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)

OWNER OR CONTRACTOR NORTHVIEW FREEWILL BAP. CHURCH DATE 5-4-87. PERMIT NO. _____

PHONE: Business _____ Home _____

LOCATION Hwy 64-Mocksville left at corner of Bethlehem Rd. S. R. No. _____

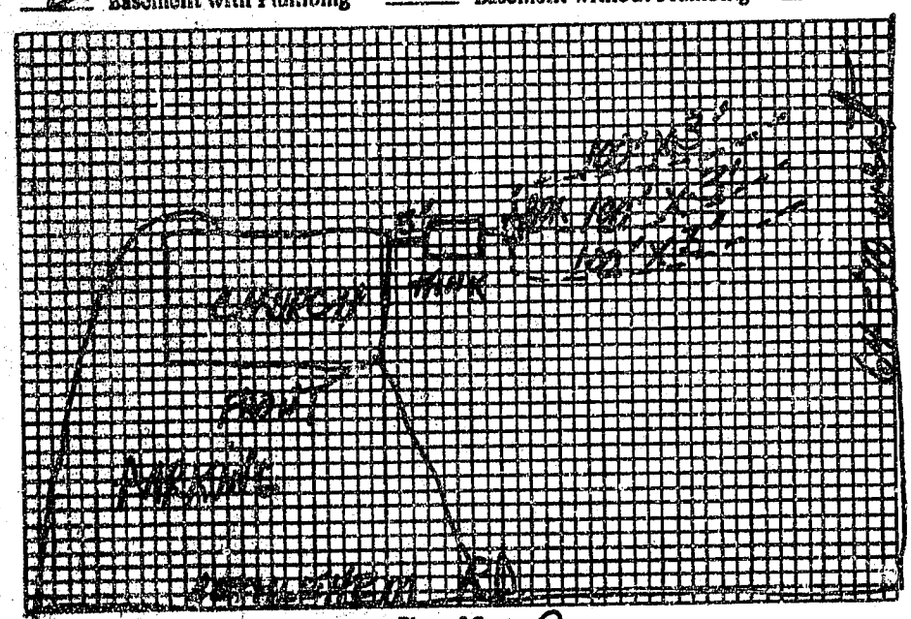
SUBDIVISION NAME _____ LOT NO. _____ SECTION OR BLOCK NO. _____

House ( ) Mobile Home ( ) Business (✓) CHURCH Other _____

No. Bedrooms — No. Bathrooms 4
Garbage Disposal Unit Yes ( ) No (✓)
Auto. Dishwasher Yes ( ) No (✓)
Auto. Wash. Machine Yes ( ) No (✓)
Site Suitable Yes (✓) No ( )
Lot Area 3 acres

Character & Porosity of Soils Draw Suitable.
Percolation Rate Sat. Soil Suff.
Topography 2-6%
Depth to Water Table 10'+
Rock or other impervious formations none discovered.

✓ Basement with Plumbing ____ Basement without Plumbing ____ No Basement



Plot of System

Size of Tank 1500 Gals.
Nitrification Field:
No. of Lines 3
Sq. Ft. 900 Lineal Ft. 300
Depth of Stone in Lines 12"
Water Supply: Individual ( )
Public (✓)

Installed by James Hudler

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

Signed: _____

IMPROVEMENTS PERMIT BY Steve Brown

COMMENTS: _____

CERTIFICATE OF COMPLETION BY Steve Brown DATE 5-4-87

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