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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 Believers Faith Center DATE 1-16-87 PERMIT NO. _____

PHONE: Business _____ Home _____

LOCATION 64 E TL on old mocksville Rd Then TL on Brookview Rd 600 yds on left. S. R. No. _____

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

House ( ) Mobile Home ( ) Business ( ) Other 225 Seat Church

No. Bedrooms _____ No. Bathrooms 3½

Garbage Disposal Unit Yes ( ) No ( )

Auto. Dishwasher Yes ( ) No ( )

Auto. Wash. Machine Yes ( ) No ( )

Site Suitable Yes ( ) No ( )

Lot Area _____

Character & Porosity of Soil Clay loam class III

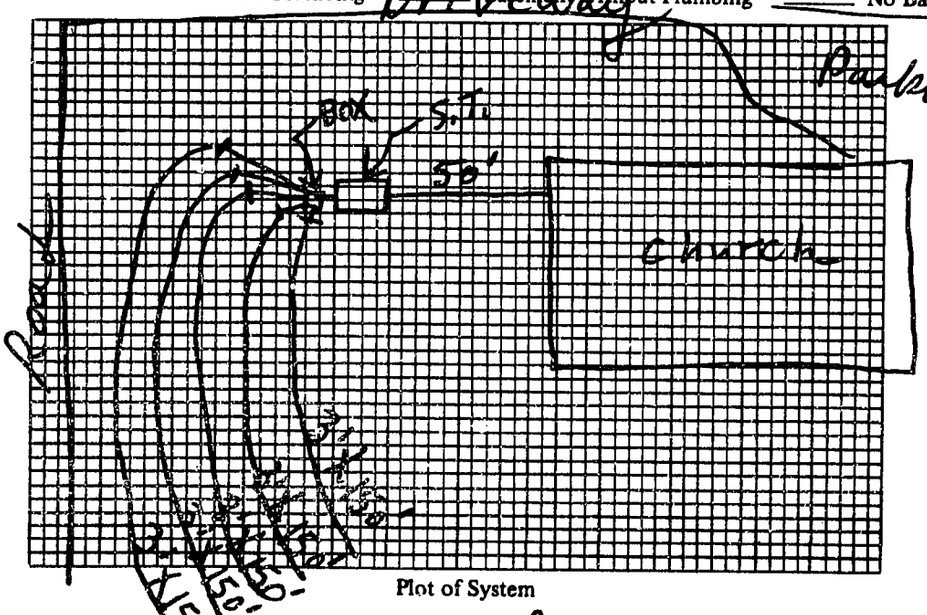
Percolation Rate 15 gal/55 sq. ft./day

Topography 2+6 to 50

Depth to Water Table 10'+

Rock or other impervious formations None

_____ Basement with Plumbing Driveway _____ Basement without Plumbing _____ No Basement



Plot of System

Size of Tank 1500 Gals.

Nitrification Field:

No. of Lines 5

Sq. Ft. 2250 Linear Ft. 750

Depth of Stone in Lines 12"

Water Supply: Individual ( )
Public (✓)

Installed by Sammy Reavis

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

Signed: _____

IMPROVEMENTS PERMIT BY J. C. Moore

COMMENTS: _____

CERTIFICATE OF COMPLETION BY J. C. Moore DATE 1-16-87

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