225 seat church

4756-52-9593, 94

03552

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 Rt Thru Tl on Brookview Rd 600 yds on left S. T. No. _____

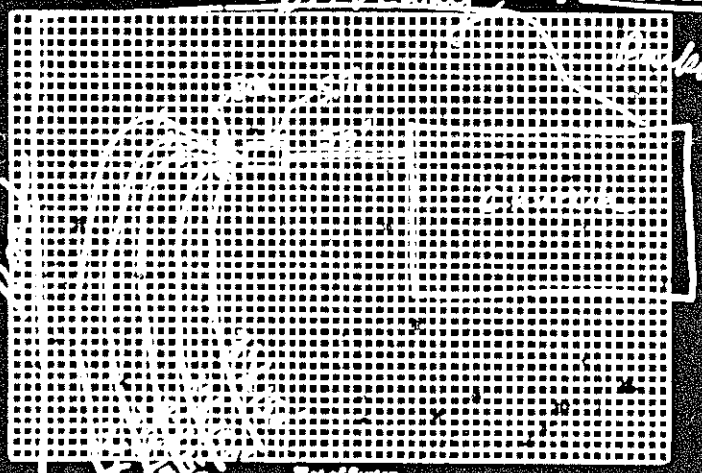
SUBDIVISION NAME _____ LOT NO. _____ SECTION OR BLOCK NO. _____

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

No. Bedrooms _____	No. Bathrooms 3½			Character & Porosity of Soil	Clay loam clay III
Garbage Disposal Unit	Yes ( )	No ( )		Percolation Rate	15 min 1" [illegible]
Auto. Dishwasher	Yes ( )	No ( )		Topography	[illegible]
Auto. Wash. Machine	Yes ( )	No ( )		Depth to Water Table	20"
Site Suitable	Yes ( )	No ( )		Rock or other impervious formations	None

Lot Area _____

_____ Basement with Plumbing Pvt. Bathroom without Plumbing _____ No Basement



Plot of System.

Size of Tank 1500 Gals.

Nitrification Field:

No. of Lines 5

Lgth. Ft. 2250 Lines Ft. 450

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

– Water usage figures

115 students 9/96