IREDELL COUNTY HEALTH DEPARTMENT Const. Auth. STATESVILLE 704-878-5305 MOORESVILLE 704-664-5281

IMPROVEMENT PERMIT / ~~CERTIFICATE OF COMPLETION~~ / OPERATION PERMIT / EXISTING SYSTEM INSPECTION

PROPERTY DESCRIPTION NO. 25926 DATE Jan. 15, '97 TAX MAP NO. ~~3417A 25~~ 4645-46-8475 Watershed: ☐ Yes ☐ No

OWNER OR CONTRACTOR Fairview United Methodist Church PHONE: Business _____ Home _____

ADDRESS PO Box 27, Mt. Mourne 28123

LOCATION Alcove Rd. TR Pennies Curve on left corner lot w/ Waters Edge Dr.

SUBDIVISION Waters Edge BLOCK / SECTION 2 LOT 25 LOT AREA ±100' x 300' SITE CLASS. Bsph 1957 DESIGN FLOW 360 gpd L.T.A.R. .125 LPP

Septic Tank: 1000 Gallons; STB 1012 - Date 10/1/01

Pump Tank: 1000 Gallons; PT 17 Date 4/1/01

Pump Make: MYERS Model ME-50S Serial No. 25325D007

Nitrification Field: No Fields 3 Square Feet _____ Linear Feet 580

No Lines 5 Trench Width 18" Max Trench Bottom Depth 14" Gravel Depth 6"-8"

☑ New System ☐ Repair System Type: I, II, III, (IV) V, VI

System Description: LPP

Repair System Description: LPP

Maintenance Agreement Required: ☑ Yes ☐ No

☑ House/Mod. Home No. Bedrooms 3

☐ Mobile Home No. Bathrooms 2

☐ Business No. Employees _____

☐ Other _____

☐ Slab ☑ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☑ Individual ☐ Community ☐ Public

Comments: LPP system design. to provide written certification that the field installation meets the specifications in this plan.

Comments: KEEP GARAGE 5' OFF OF SYSTEM AND REPAIR / 9/2/99 LBF

INITIAL SITE SKETCH

SEE LPP plan

by Toney Jacobs & Associates

AS BUILT SKETCH

I understand that this permit can be suspended or revoked if any false information is supplied toward securing the permit/any unauthorized changes are made to the site/any unauthorized changes are made in the installation of the system. Improvement Permit is valid for 60 months from date of issuance.

Signed: Dennis Brown

Improvement Permit by: Mark R. Hinson, RS date Jan 15, '97

~~Existing System Inspection by:~~ Construction Authorization: Ray Lem date 8/12/99

Installed by: _____

Certificate of Completion by: _____ RS date 4/15/01

Operation Permit by: _____ date _____

HEALTH DEPT. COPY: WHITE INSPECTION COPY (FINAL): GREEN OWNER COPY (FINAL): YELLOW INSPECTION COPY (INITIAL): PINK OWNER COPY (INITIAL): GOLD