IREDELL COUNTY HEALTH DEPARTMENT

STATESVILLE 704-878-5305 280.00 Paid MOORESVILLE 704-664-5281

IMPROVEMENT PERMIT / AUTHORIZATION TO CONSTRUCT / OPERATION PERMIT / EXISTING SYSTEM INSPECTION

PERMIT# 117703 PIN# 4646 80 4994 DATE 1/22/04

OWNER OR CONTRACTOR Centre Presbyterian Church PHONE: Business BARGER CONST / 704-663-3616

ADDRESS 129 Centre Church Rd. Mooresville, NC. 28115

LOCATION 115 S TR Fairview Rd, past Hospital TR Centre Church Rd., Church on (L)

SUBDIVISION No BLOCK / SECTION ____ LOT ____ LOT AREA ~17 Ac. SITE CLASS. ____ DESIGN FLOW 600GPD L.T.A.R. ____

Septic Tank: 1500 Gallons; STB 338 Date 8/8/04 ☐ New System ☐ Repair System Type: I, II, (III), IV, V, VI ☐ House/Mod. Home No. Bedrooms ____

Pump Tank: 1000 Gallons; PT 27 Date 8/8/04 System Description: ____ ☐ Mobile Home No. Bathrooms ____

Pump Make: GOULDS Model WEO 311M Serial No. H0477684 Repair System Description: Pump to Existing System ☐ Business No. Employees ____

Nitrification Field: No Fields ____ Square Feet ____ Maintenance Agreement Required: ☐ Yes ☒ No ☒ Other 200 Seat Church

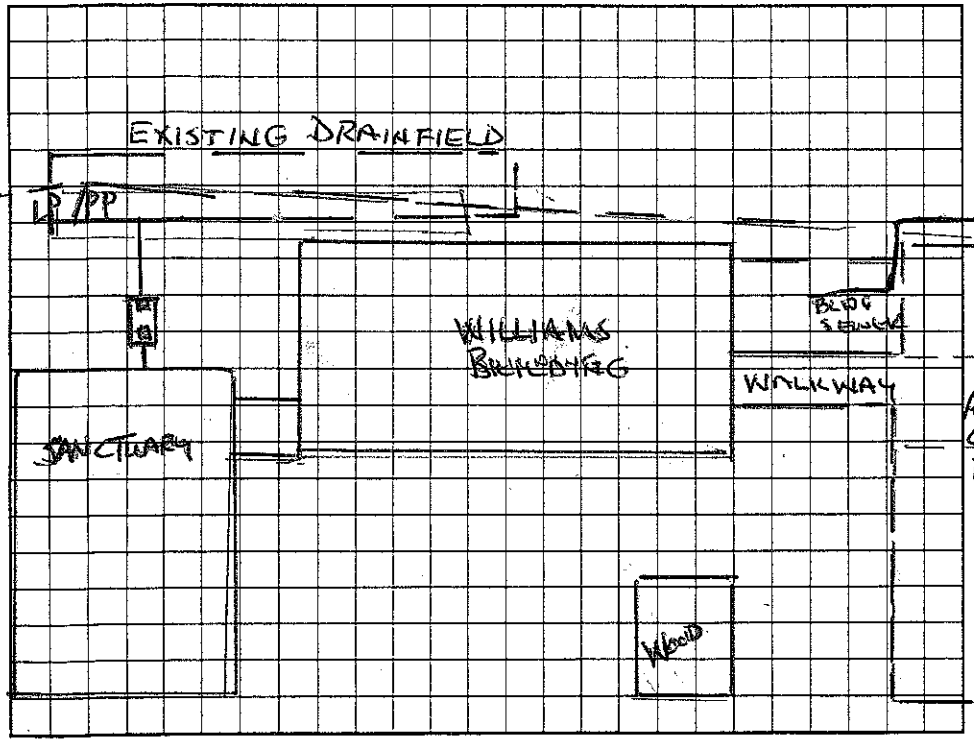
No Lines ____ Trench Width 0 Max Trench Bottom Depth ____ Gravel Depth ____ ☐ Slab ☒ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☐ Individual ☐ Public ☒ Community MRSVL

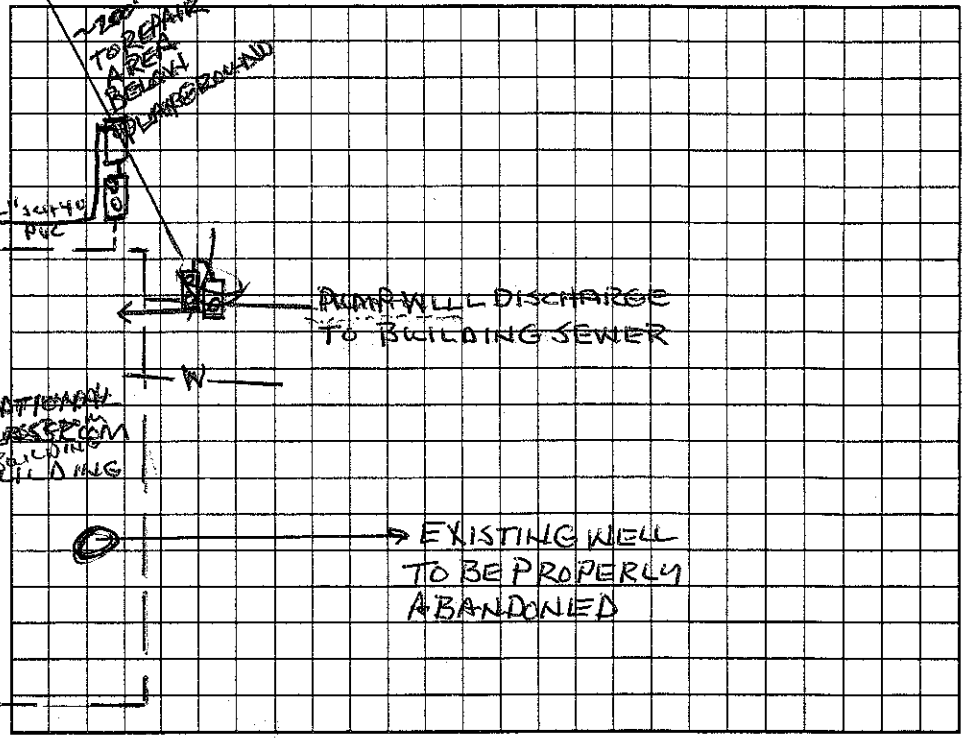
Comments:/Conditions:

Comments:/Conditions:

INITIAL SITE SKETCH



AS BUILT SKETCH



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 with plat valid without expiration. Improvement Permit with site plan valid for sixty months. Authorization to Construct is valid for a period equal to that of Improvement Permit – not to exceed sixty months.

Signed: † Paul M. Ysbrand date 1/23/04 Installed by: Orbison & Sons

Improvement Permit by: Wesley Sparks RS. date 1/22/04 Operation Permit by: Wesley Sparks RS. date 10/21/04

Authorization to Construct by: Wesley Sparks RS. date 1/22/04 Existing System Inspection by: ____ date ____

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