IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 124578 PIN# 4639-91-7423 DATE ~~11~~/25/05

OWNER OR CONTRACTOR Rocky Mt. UMC PHONE: Business 704 528-5525 Home

ADDRESS 1739 Perth Rd Mooresville NC 28117

LOCATION Perth Rd N, on Rt before Judas Rd

SUBDIVISION BLOCK / SECTION LOT LOT AREA 11 Ac SITE CLASS. PS DESIGN FLOW 550 L.T.A.R. 0.3

Grease Trap 1500

Septic Tank: 1500/1500 Gallons; STB 8/28+29/05 Date STB 338

Pump Tank: 1500 Gallons; PT 477 Date 8/26/05

Pump Make: GOULDS Model WE0-511H Serial No. 9-2-05

Nitrification Field: No Fields 1 Square Feet 1836 Linear Feet 612

No Lines 6@102' Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth 12"

☒ New System ☐ Repair System Type: I, II, III, IV, V, VI

System Description: PM Conventional

Repair System Description: Same

Maintenance Agreement Required: ☐ Yes ☒ No

☐ House/Mod. Home ☐ Mobile Home ☐ Business ☒ Other Church

No. Bedrooms ____ No. Bathrooms ____ No. Employees ____

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

Water Supply: ☒ Individual ☐ Public ☐ Community

Existing

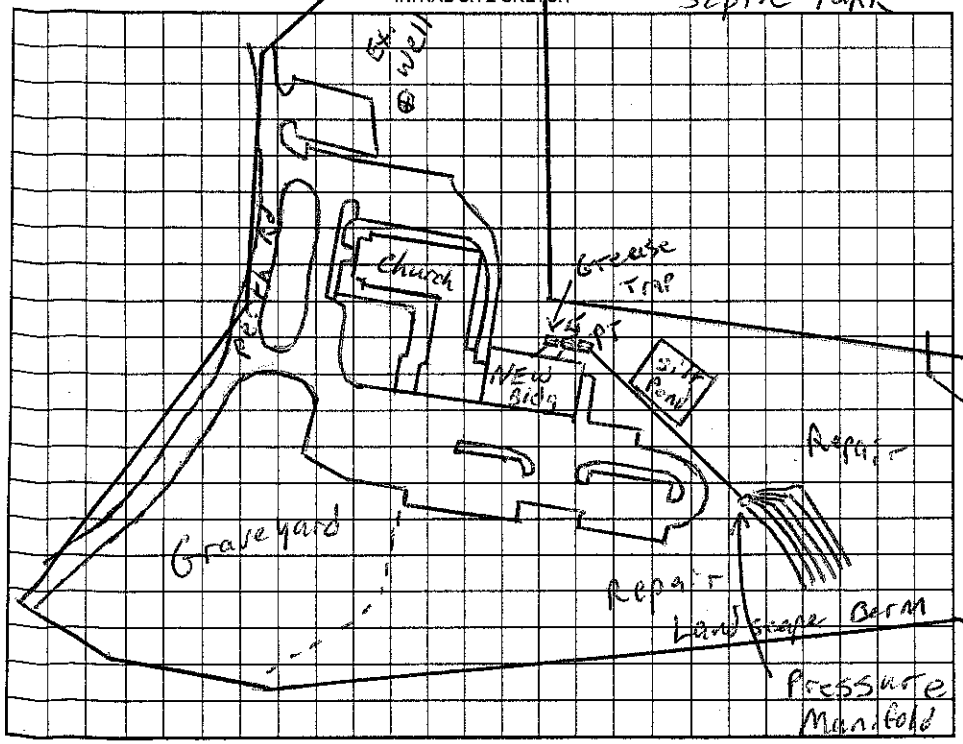
Comments:/Conditions:

1" = 200'

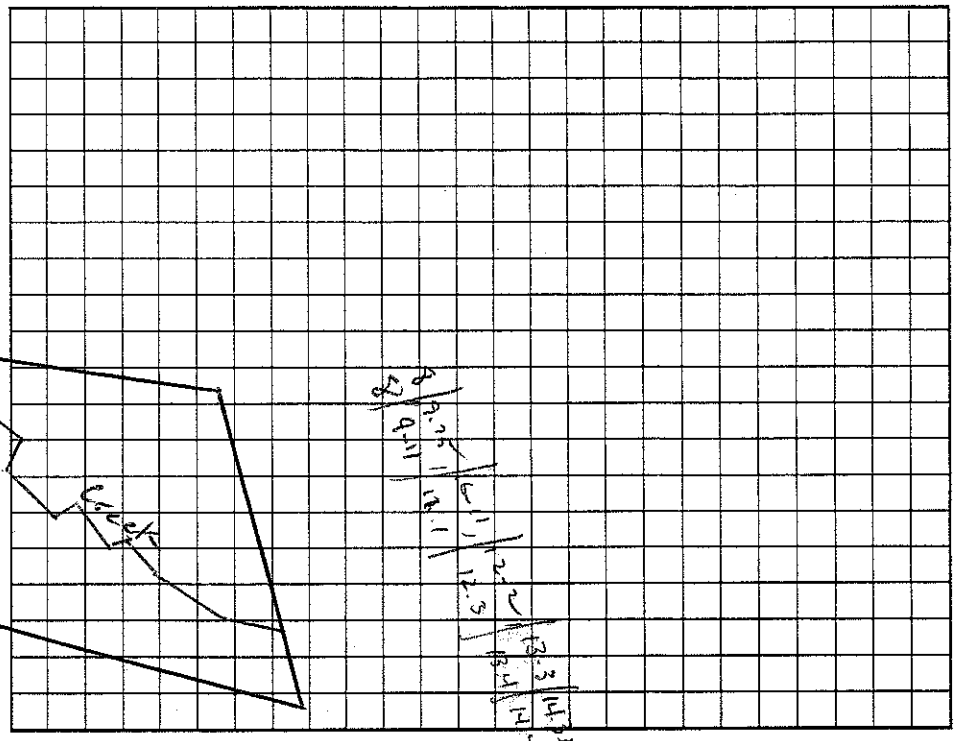
Plumb Kitchen To Grease Trap. Other plumbing to Septic Tank

Comments:/Conditions: System Size @ 450 members For Future Expansion

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: _____ date 1/25/05 Installed by: Curtis Dunning

Improvement Permit by: _____ RS date 1/25/05 Operation Permit by: _____ RS date 10/5/05

Authorization to Construct by: _____ RS date 1/25/05 Existing System Inspection by: _____ date _____

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