IREDELL COUNTY HEALTH DEPARTMENT

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

GM

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

PERMIT # 158277 PIN # 4659-61-7634 DATE 10-19-09

OWNER or APPLICANT CHRIST COMMUNITY CHURCH PHONE: Business 980-297-5640 Home: PASTOR

OWNER or APPLICANT ADDRESS MEDICAL WAREHOUSE LLC (OWNER) 705 HEDRICK ST SALISBURY NC 28144

LOCATION / DIRECTIONS 21 N ACROSS FROM SHEPHERD ELEMENTARY

SUBDIVISION — BLOCK / SECTION — LOT # — LOT AREA 1.968 AC DESIGN FLOW 225 GPD L.T.A.R. .3

Septic Tank 1000 Gallons: STB 794 Date 10-31-08 ☒ New System ☐ Repair ☐ Expansion System Type I (II) III IV V VI

Pump Tank — Gallons: P T — Date —

Pump Make — Model — Serial # —

Nitrification Field No Fields 1 No Lines 3 Linear Feet 192'

Trench Width 36" Max. Trench Bottom Depth 36" Gravel Depth — ☒ GRAVITY ☐ PRESSURE

System Description: GRAVITY 25% REDUCTION

Repair System Description: PM - 25% REDUCTION

Maintenance Agreement Required ☐ YES ☒ NO

☐ Residence No. Bedrooms —

☐ Business No. Persons 75 SEATS

☒ Other CHURCH No. Employees —

☐ Slab ☒ Crawl Space

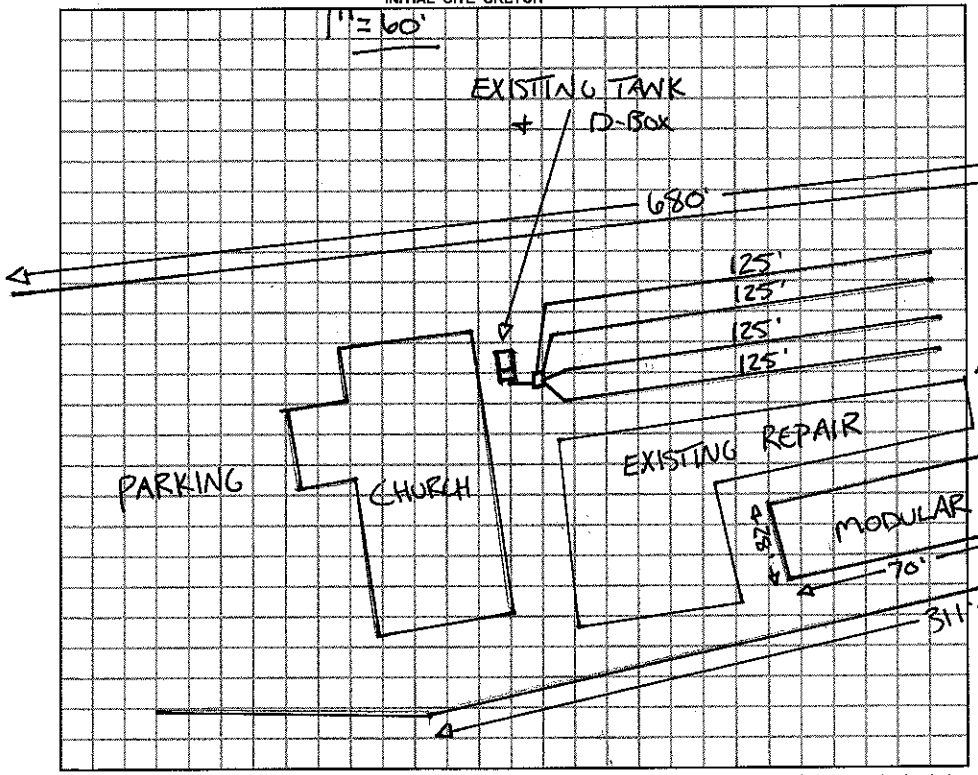
☐ Basement w/plumbing ☐ Basement w/o plumbing

Water Supply: ☒ Private ☐ Public ☐ Community

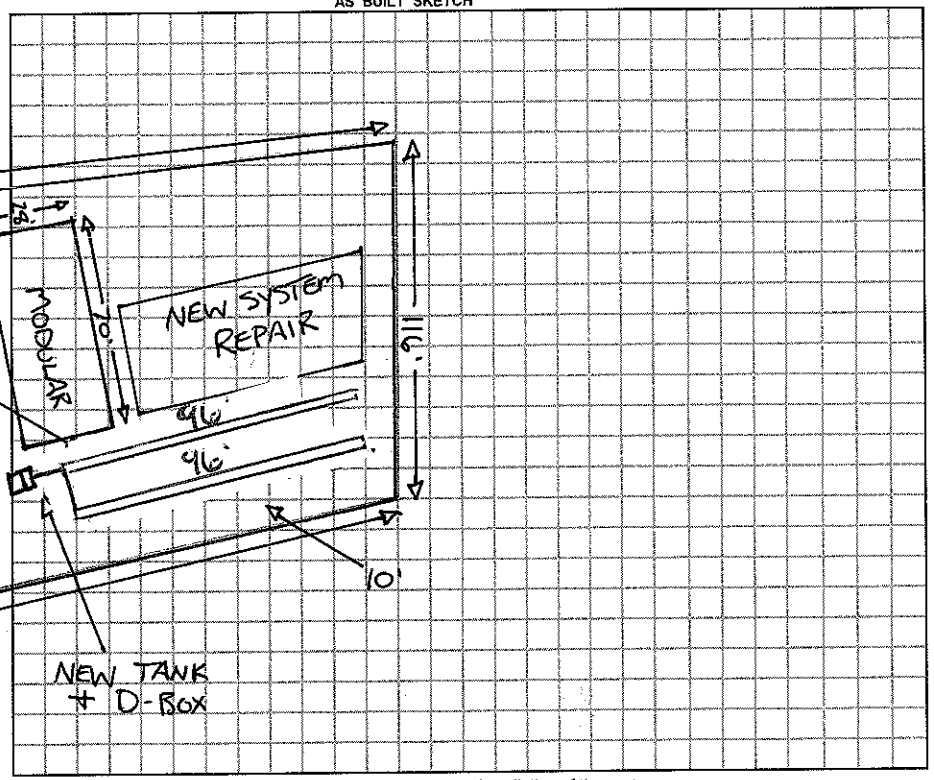
Comments / Conditions: 1) INSTALL 3 @ 64' LINES FOR NEW MODULARS
2) EXISTING DRAW FIELD FOR MAIN BUILDING
3) TANK + LINES MUST BE MIN 5' FROM FOUNDATION + 10' FROM PROPERTY LINES

Comments / Conditions GPD FIGURED BY 75 SEATS @ 3 GAL PER SEAT

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 w / plat valid without expiration.* ☒ *IMPROVEMENT PERMIT w / site plan valid for 60 mos.* ☒ *AUTHORIZATION TO CONSTRUCT valid for period equal to IMPROVEMENT PERMIT-not to exceed 60 mo.*

Owner / Applicant Signature: [signature] Date 10-20-09

Improvement Permit by: [signature] RS. Date 10-20-09

Authorzation to Construct by: [signature] RS. Date 10-20-09

Installed by: ORBISON

Operation Permit by: [signature] REHS Date: 3-1-10

Existing System Inspected by: — Date: —

YOU SHOULD CONTACT A LOCATOR SERVICE PRIOR TO ANY EXCAVATION.

WHITE COPY Environmental Health YELLOW COPY (Final) Owner / Applicant PINK COPY (Initial) Owner / Applicant