IREDELL COUNTY HEALTH DEPARTMENT

STATESVILLE 704-878-5305 300.00 Paid MOORESVILLE 704-664-5281

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

PERMIT# 083745 PIN# 4665 61 6783 DATE 3/16/01

OWNER OR CONTRACTOR Liberty Baptist Church PHONE: Business 663-6320 Home 664-3604

ADDRESS 171 Johnson Dairy Rd. Mooresville, NC. 28115

LOCATION 1365 TR Johnson Dairy Rd. ~ 2 miles on ®

SUBDIVISION No BLOCK / SECTION ____ LOT ____ LOT AREA ~5.0AC SITE CLASS. PS DESIGN FLOW 900GPD L.T.A.R. .25

Septic Tank: 1500 Gallons; STB ____ Date ____

Pump Tank: 1500 Gallons; PT ____ Date ____

Pump Make: ____ Model ____ Serial No. ____

Nitrification Field: No Fields 1 Square Feet 2700* Linear Feet 900*

No Lines 6@150' Trench Width 3' Max Trench Bottom Depth 3' Gravel Depth No

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

System Description: Pres Man. to CH. DIAS of E-Flow

Repair System Description: Same

Maintenance Agreement Required: ☐ Yes ☒ No

☐ House/Mod. Home No. Bedrooms ____

☐ Mobile Home No. Bathrooms ____

☐ Business No. Employees ____

☒ Other CHURCH - 900 SEAT

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

Water Supply: ☒ Individual ☐ Public ☐ Community

EXISTING

Comments/Conditions: See Attached Sheets for Layout, Too Large For Permit Form.

Comments/Conditions: 900GPD. APPROVED BY J. LYNN IN PHONE CON. 3/16/01

INITIAL SITE SKETCH

See Attached Drawings Sheet #1

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: * Bradley Morris date 3/19/01

Improvement Permit by: Wesley Sparks R.S. date 3/16/01

Authorization to Construct by: Wesley Sparks R.S. date 3/16/01

Installed by: Jim Feathing

Operation Permit by: Wesley Sparks R.S. date 6/1/01

Existing System Inspection by: ____ date ____

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