210156

IREDELL COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

PAGE 1: *APPLICATION FORM*

FILE COPY

Application For:
( ) New Well Permit ( ) Well Repair Permit ( ) Well Abandonment
(✓) Septic Improvement Permit (✓) Authorization to Construct ( ) Existing System Inspection ( ) Septic System Repair

THE ABOVE PERMIT DOCUMENTS WILL BECOME INVALID IF INFORMATION PROVIDED ON THIS APPLICATION IS FALSIFIED OR CHANGED, OR IF THE SITE IS ALTERED. THE IMPROVEMENT PERMIT IS VALID FOR EITHER 60 MONTHS OR WITHOUT EXPIRATION DEPENDING UPON DOCUMENTATION SUBMITTED APPLICATION WITH SITE PLAN 60 MONTHS, APPLICATION WITH COMPLETE, SCALED PLAT WITHOUT EXPIRATION. SEE 15A NCAC 18A .1937(f) FOR DETAILS.

Page 2: *Site Plan Worksheet* form MUST accompany this application

The following optional attachments may also be submitted:
Place an (X) beside whichever is submitted if applicable
( ) Survey Plat, scaled no more than 1 inch = 60 feet
( ) Custom Site Plan, scaled no more than 1 inch = 60 feet

Applicant Information:

Applicant Name: Gerald Rimmer Address: PO Box 582 Troutman NC Phone: 704 902 1080 980

Owner Name: Mt Hermon Lutheran Address: 110 Mt Hermon Rd Statesville Phone: 213-5258

Property Information:

Street Address: 110 Mt Hermon Church Rd Statesville

Subdivision Name: _____ Section/Phase: _____ Lot Number: _____

Driving Directions: 40 west to Old Mountain Rd Exit 144 Rt on Old Mountain Church on Left at Mt Hermon Rd.

Site Development Information: *(check or complete ALL that apply)*

( ) New Single Family Residence
( ) New Multi-Family Residence
( ) Accessory Building
( ) Bedroom(s) Addition

Maximum Number of Bedrooms: _____
Maximum Number of Occupants: _____
( ) Swimming Pool
(✓) Other Addition/Structure: Addition to Fellowship Hall

( ) Crawl Space Foundation
(✓) Concrete Slab Foundation
( ) Basement with Plumbing
( ) Basement without Plumbing

Non-Residential Site Development:
Type of Business: Church
Square Footage of Building: _____
Maximum Number of Employee: _____
Maximum Number of Seats/Beds/Other: 146 Seats

Water Supply:

( ) New Well (✓) Existing Well ( ) Community Well ( ) City Water (✓) Other Public Water

Desired Septic System Type: *(you may rank in order of preference)* Year existing system installed: _____

( ) No Preference ( ) Alternative ( ) Conventional ( ) Innovative ( ) Modified Conventional ( ) Other: _____

Please answer the following to the best of your ability:

( ) Yes (✓) No Does the site contain any jurisdictional wetlands?
( ) Yes (✓) No Is any non-domestic sewage (i.e. industrial) to be generated?
( ) Yes (✓) No Is the site subject to approval by any other public agency?

I have read this application and certify that the information provided herein is true, complete, and correct. Authorized county and state officials are granted right of entry to conduct necessary inspections to determine compliance with applicable laws and rules. I understand that I am solely responsible for the proper identification and labeling of all property lines and corners and making the site accessible so that a complete site evaluation can be performed.

Signature: _____ 5-11-15
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

1080

IREDELL COUNTY HEALTH DEPARTMENT

(SEPTIC TANK) IMPROVEMENTS PERMIT AND CERTIFICATE OF COMPLETION
(Ground Absorption Sewage Disposal System -- G. S. Chapter 130-Article 13C)

OWNER OR CONTRACTOR Mt. Hermon Church Parsonage DATE 8-14-85. PERMIT NO. _____

PHONE: Business _____ Home _____

LOCATION Old Mtn. Rd. - north of I-40 - T.L. on Mt. Hermon Ch. Rd. - 1st house on (E). S. R. No. _____

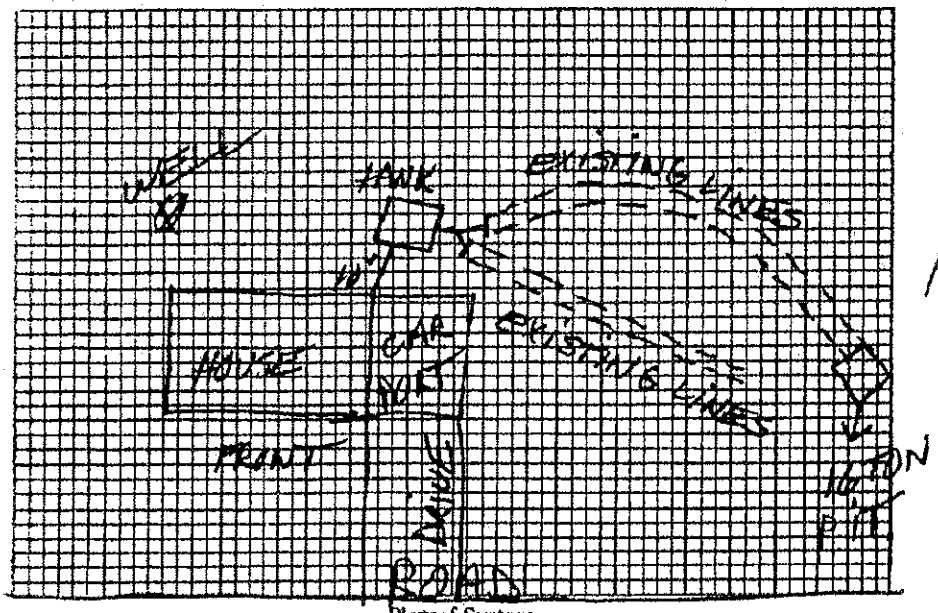
SUBDIVISION NAME _____ LOT NO. _____ SECTION OR BLOCK NO. _____

House (✓) Mobile Home ( ) Business ( ) Other Repair

No. Bedrooms _____ No. Bathrooms _____

Garbage Disposal Unit	Yes ( )	No ( )	Character & Porosity of Soil	
Auto. Dishwasher	Yes ( )	No ( )	Percolation Rate	
Auto. Wash. Machine	Yes ( )	No ( )	Topography	Repair
Site Suitable	Yes (✓)	No ( )	Depth to Water Table	
Lot Area Ample			Rock or other impervious formations	

_____ Basement with Plumbing _____ Basement without Plumbing ✓ No Basement



Plot of System

Size of Tank EXISTING Gals.

Nitrification Field:
No. of Lines _____
Sq. Ft. _____ Linear Ft. _____
Depth of Stone in Lines _____

Water Supply: Individual (✓)
Public ( )

16 TON PIT INSTALLED.

Installed by AAA ENTERPRISES.

I understand and agree to install septic tank system as specified on this Improvements Permit.

Signed: _____

IMPROVEMENTS PERMIT BY Steve Brown

COMMENTS: Tank pumped.

CERTIFICATE OF COMPLETION BY Steve Brown DATE 8-14-85.

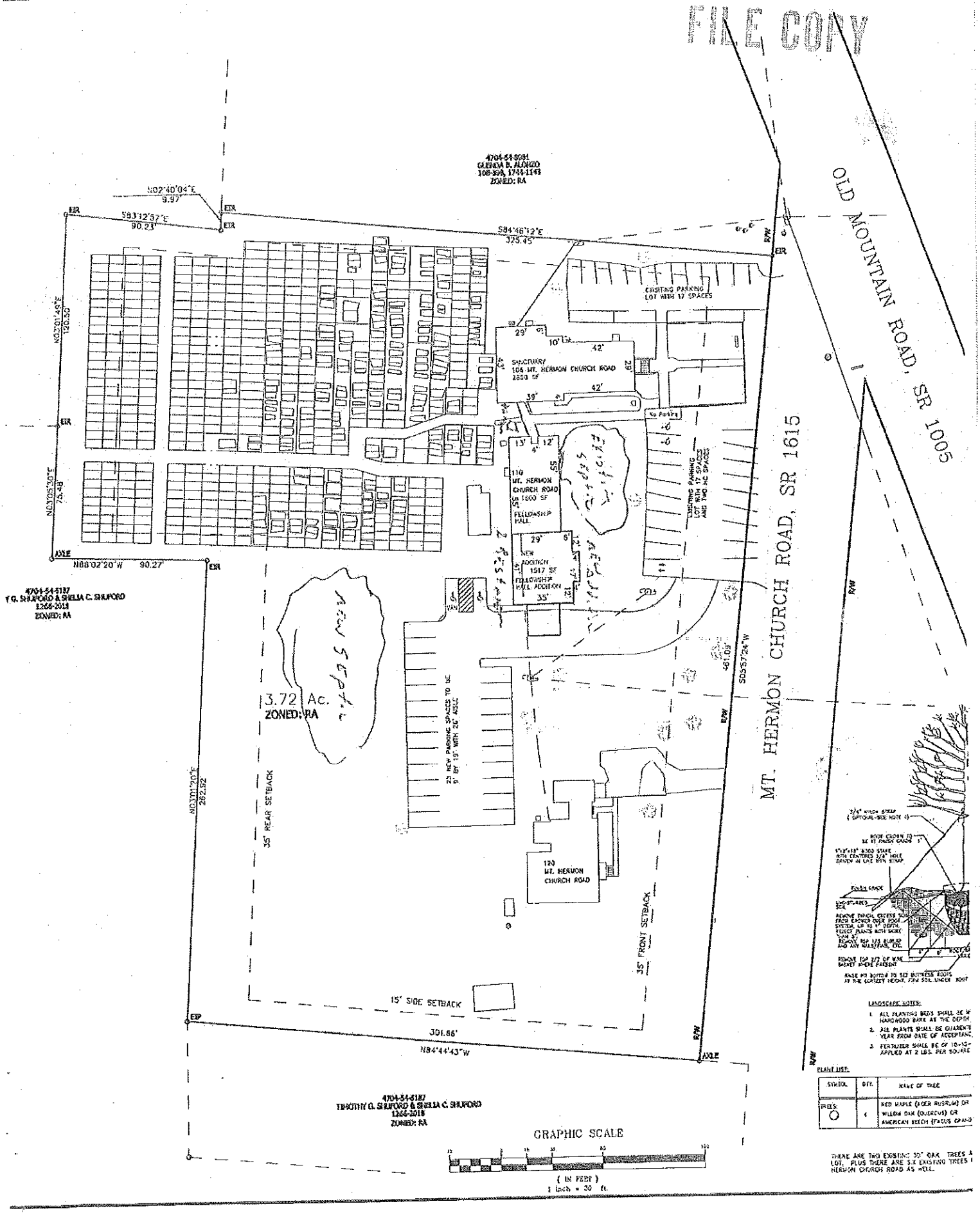
EXISTING SYSTEM CHECKED BY: _____ DATE _____

CONSTRUCTION MUST COMPLY WITH ALL OTHER APPLICABLE STATE AND LOCAL REGULATIONS.

Permit is VOID if any unauthorized changes are made in installation of system and/or if any false information is supplied in making Improvements Permit.

Health Dept. Copy: White Inspection Dept. Copy: Yellow Sanitarian's Copy: Pink Owner's Copy: Gold

FILE COPY



LANDSCAPE NOTES:

1. ALL PLANTING BEDS SHALL BE M HARDWOOD BARK AT THE DEPTH
2. ALL PLANTS SHALL BE GUARANTE YEAR FROM DATE OF ACCEPTANC
3. FERTILIZER SHALL BE OF 10-10- APPLIED AT 2 LBS. PER SQUARE

PLANT LIST:

SYMBOL	QTY.	NAME OF TREE
TREES	6	RED MAPLE (ACER RUBRUM) OR WILLOW OAK (QUERCUS) OR AMERICAN BEECH (FAGUS GRAN

THERE ARE TWO EXISTING 50" OAK TREES A LOT. PLUS THERE ARE SIX EXISTING TREES I HERMON CHURCH ROAD AS WELL.

IREDELL COUNTY

PO Box 788
349 North Center St.
Statesville, NC 28677

APPLICATION NUMBER
210156
Issue Date: 05/11/2015

ZONING PERMIT

Institutional

FILE COPY

Parcel Number	Street Address	Jurisdiction
4704548473.000	110 MT HERMON, STATESVILLE, NC 28625	IREDELL COUNTY

Owner Information	Applicant Information
Owner: MT HERMAN LUTHERAN CHURCH	Applicant: RIMMER, GERALD
Address: STATESVILLE, ** 0	Address: PO BOX 582 TROUTMAN, NC 28166
Phone:	Phone: 704-902-~~1082~~ 1080

Use Requested	Zone Code
FELLOWSHIP HALL ADDITION FOR MT HERMON CHURCH	RA

Lot Acreage	F Setback	B Setback	L Setback	R Setback	Watershed	Flood Zone
3.814	35.00	35.00	15.00	15.00	PACL	X

Remarks:

PAID

The applicant certifies that there are no deed restrictions, contractual agreements or governmental regulations of any kind that interfere with or prohibit the use of the property or the use for which this permit is requested. The applicant further acknowledges that enforcement of deed restrictions, plat conditions and other contractual agreements will not be undertaken by Iredell County and is the sole responsibility of the affected parties.

Applicant: Gerald Rimmer Date: 5-11-15

Permit Number	37891	TOTAL FEES:	$ 177.25