IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 178910

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

PIN # 4704548473

APPLICANT: Mt. Hermon Lutheran Church APPLICANT ADDRESS: 106 Mt. Hermon Rd. Statesville, NC 28625

SITE ADDRESS: 106 Mt Hermon Rd. PHONE: 704 924-9807 ALT. PHONE:

SITE DIRECTIONS: 140W, (N) on Old Mtn Rd, (L) on Mt. Hermon Road, Property immediately on (R)

SUBDIVISION: n/a SECTION: n/a LOT # n/a LOT AREA: 3.810 DESIGN FLOW: Ex L.T.A.R.: Ex

Septic Tank Ex (gal) STB Ex Date
Pump Tank (gal) PT Date
Pump Make Model Serial #
Nitrification Fields Ex # Lines Ex Linear Ft: Ex
Trench Width Ex Max. Trench Bottom Depth Ex Gravel Depth Ex

☒ New System ☐ Repair ☐ Expansion System Type: I II III IV V VI
System Description: Existing
Repair System Description:
Maintenance Agreement Required: ☐ YES ☒ NO
☒ GRAVITY ☐ PRESSURE

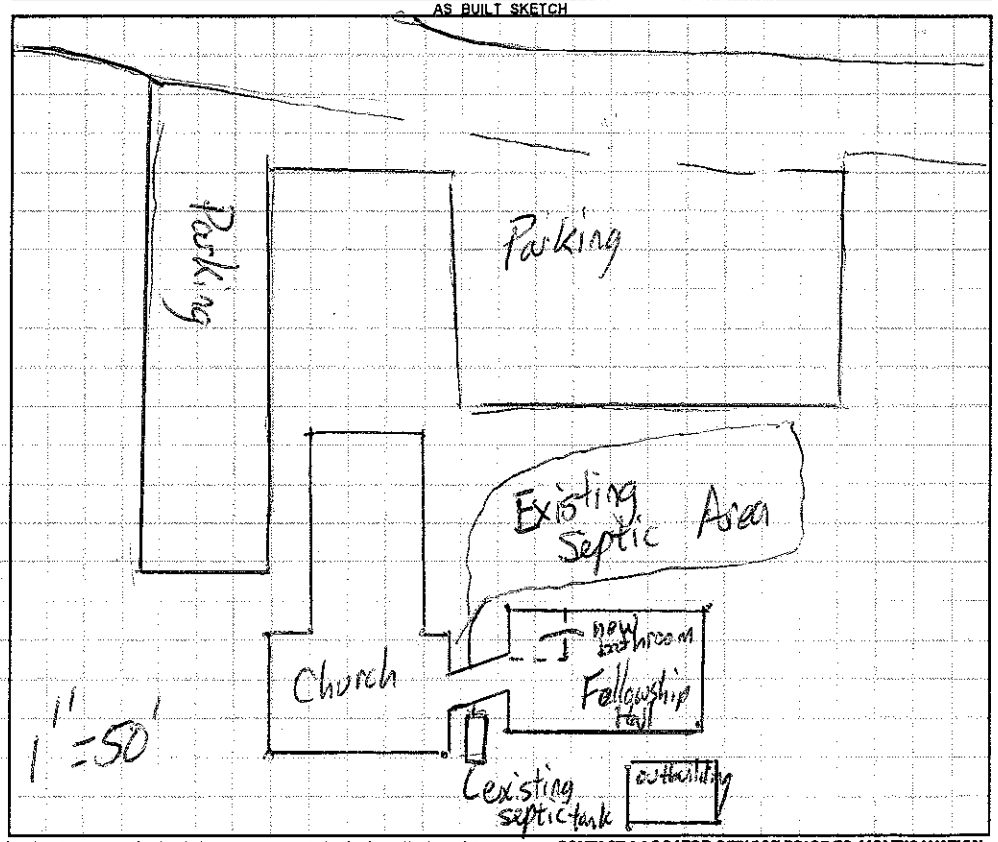
☐ Residence No. Bedrooms
☐ Business No. Persons 292
☒ Other Church No. Employees
☒ Slab ☐ Crawl Space
☐ Basement w/plumbing ☐ Basement w/o plumbing

Water Supply: ☐ Private ☒ Public ☐ Community

Comments / Conditions: Bathrooms added to existing fellowship hall will not increase usage to existing system. No change in exterior walls, so septic system is not impacted. Lines are not easily located due to depth

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. **CONTACT A LOCATOR SERVICE PRIOR TO ANY EXCAVATION**

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

Owner / Applicant Signature: Rita J. Otte Date: 6-17-13 Installed by:

IMPROVEMENT PERMIT by: Date: OPERATION PERMIT by: Date:

AUTHORIZATION TO CONSTRUCT by: Date: Existing System Inspected by: Date: 6-13-13

Health Dept. Copy - WHITE Applicant (Final Approval) - YELLOW Applicant (Conditional Approval) - PINK