BEULAH BAPTIST CHURCH

IREDELL COUNTY HEALTH DEPARTMENT

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

50915

IMPROVEMENT PERMIT / CERTIFICATE OF COMPLETION / OPERATION PERMIT / EXISTING SYSTEM INSPECTION

PROPERTY DESCRIPTION NO. 18233 DATE 4/8/94 TAX MAP NO. 8M-1-A-92 Watershed: ☐ Yes ☑ No

OWNER OR CONTRACTOR F & F BUILDERS (BEULAH BAPT) PHONE: Business _____ Home 872-5849

ADDRESS 1442 WILKESBORO RD STVL NC 28677

LOCATION I-40W, TL OLD MOUNTAIN ROAD, CHURCH ON (R) AT BEULAH CH. ROAD

SUBDIVISION _____ BLOCK / SECTION _____ LOT _____ LOT AREA _____ SITE CLASS. P3 DESIGN FLOW ~2000 L.T.A.R. EXISTING

2

Septic Tank: EXISTING Gallons; STB _____ Date _____

Pump Tank: _____ Gallons; PT _____ Date _____

Pump Make: _____ Model _____ Serial No. _____

Nitrification Field: No Fields 2 Square Feet _____ Linear Feet _____

No Lines _____ Trench Width _____ Max Trench Bottom Depth _____ Gravel Depth _____

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

System Description: CONV. GRAVITY

Repair System Description: _____

Maintenance Agreement Required: ☐ Yes ☑ No

☐ House/Mod. Home No. Bedrooms ____

☐ Mobile Home No. Bathrooms ____

☐ Business No. Employees ____

☑ Other CHURCH ED. BLDG

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

Water Supply:
☐ Individual
☐ Community
☑ Public

Comments:

DRAIN LINES

Comments:

CLASSROOMS

INITIAL SITE SKETCH

EXISTING DRAINFIELD

DRIVEWAY

FELLOWSHIP HALL

SEPTIC TANK

AS BUILT SKETCH

EXISTING LINES

SEPTIC TANK

PARKING

NEW EDUCATION BUILDING

EXISTING ED. BLDG

OFFICES

OLD SANCTUARY

I understand that this 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 is valid for 60 months from date of issuance.

Signed: _____

Improvement Permit by: _____ date _____

Existing System Inspection by: STEVE HEDRICK date 4/8/94

Installed by: _____

Certificate of Completion by: _____ date _____

Operation Permit by: _____ date _____

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