IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 226502

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

PIN # 4715-07-6921

APPLICANT/OWNER: JEFF JAMES / Statesville Full Gospel Tabernacle Inc. APPLICANT ADDRESS: 135 VILLAGE POINT. STATESVILLE

SITE ADDRESS: SAME PHONE: 828-312-3091 ALT. PHONE

SITE DIRECTIONS: HWY 90, TL VILLAGE POINT DR. SAP CONTROLLED: ☐ YES ☐ NO

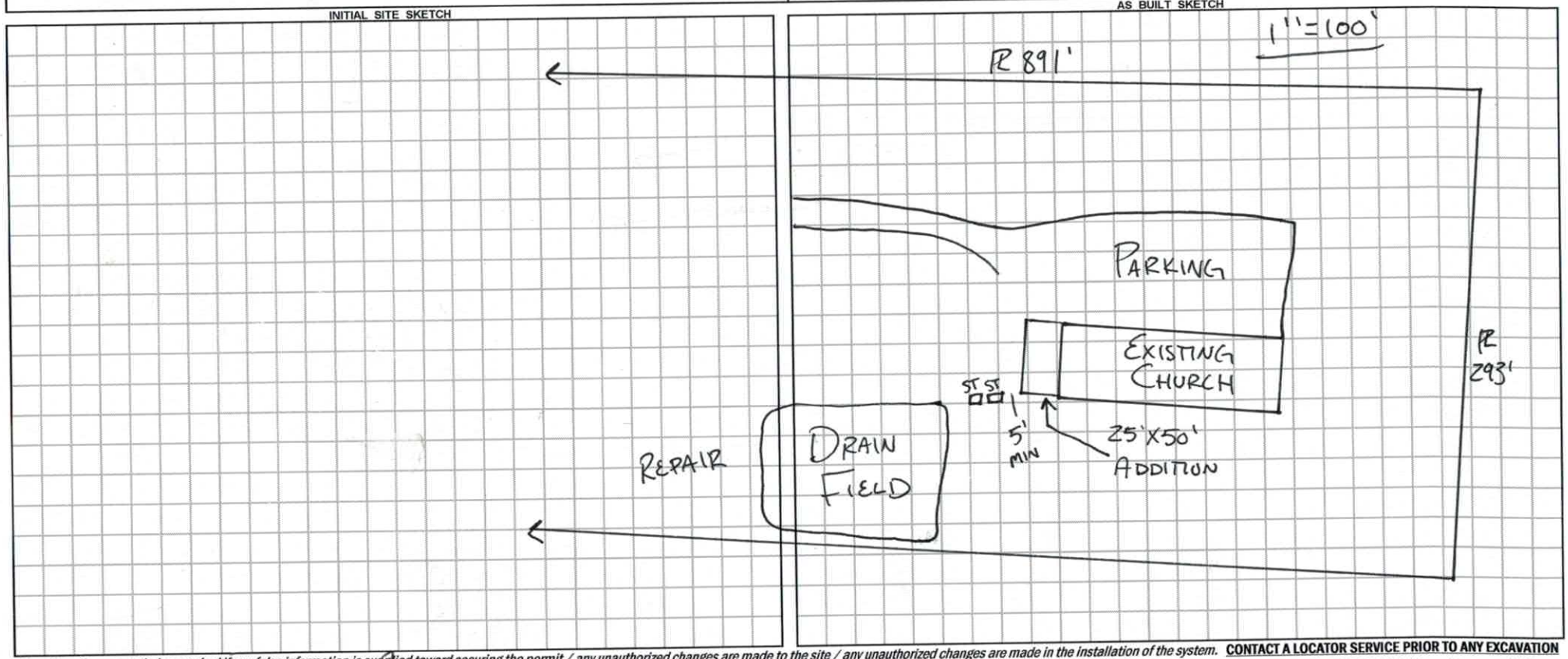
SUBDIVISION: SECTION: LOT # LOT AREA: 6.14AC DESIGN FLOW: 975 L.T.A.R.: .33

Septic Tank (gal)	STB	Date	☐ New System ☐ Repair ☐ Expansion System Type: I II III IV V VI	☐ Residence No. Bedrooms	Water Supply
Pump Tank (gal)	PT	Date	System Description: 25% REDUCTION	☐ Business No. Persons	☐ Private
Pump Make EXCEL Model TANK		Serial #	Repair System Description: CONVENTIONAL	☒ Other CHURCH No. Employees	☒ Public
# Nitrification Fields 1	#Lines	Linear Ft	Maintenance Agreement Required: ☐ YES ☒ NO	☒ Slab ☐ Crawl Space	☐ Community
Trench Width	Trench Bottom Depth(Low side)	Gravel Depth	☒ GRAVITY ☐ PRESSURE	☐ Basement w/plumbing	☐ Basement w/o plumbing

Comments / Conditions: DO NOT PARK / DRIVE OVER SEPTIC. EXPANDING FELLOWSHIP HALL. NO ADDITIONAL SEATS OR KITCHEN.

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: Date: 12/13/2017 Installed by:

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

AUTHORIZATION TO CONSTRUCT by: Date: Existing System Inspected by: Date: 7-17-17

READY

IREDELL COUNTY HEALTH DEPARTMENT *ENVIRONMENTAL HEALTH DIVISION*

(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)

1. APPLICATION FOR: ___Improvement Permit X Authorization To Construct ___ Existing System Inspection

2. Page 2: *Site Plan Worksheet* Form MUST Accompany This Application
The following optional attachments may also be submitted: ___Survey Plat, Scaled no more than 1 Inch = 60 Feet
Place check ( ) beside whichever is submitted if applicable ___Custom Site Plan, Scaled no more than 1 Inch = 60 Feet

3. Applicant Information:

Applicant Name	Mailing Address	Home Phone #	Alternate Phone #
Jeff James	135 Village Pt	704-872-3894	828-312-3091

Owner Name	Mailing Address	Home Phone #	Alternate Phone #
Statesville Full Gospel	P.O. Box 28 Scotts NC		

4. Property Information:

Street Address	Subdivision Name	Section/Phase and Lot Number
135 Village Pt		

Driving Directions: Hwy 90 toward Lenoir, NC 3/4 mile past Griffin Heating Air

5. RESIDENTIAL Site Development Information: *(Check or Complete ALL that apply)* Church

( ) New, Single Family Residence
( ) New, Multi-Family Residence
( ) Expansion of Existing Septic System
(X) Repair To Failing Septic System due to _____
( ) Other _____

Maximum Number of Bedrooms ___
Maximum Number of Occupants ___
If Expansion, Current Number of Bedrooms ___

( ) ~~Crawl Space Foundation~~?
( ) Concrete Slab Foundation?
( ) Basement w/Plumbing?
( ) Basement w/out Plumbing?

IF Non- Residential Site Development:

Type of Business	Church
Square Footage of Building	8000
Maximum Number of Employees	2
Maximum Number of Seats	125

Attached sketch plan showing all buildings, proposed septic system and repair area, wells, property lines, and all water lines and sewer lines on property.

6. Proposed Water Supply:

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

7. Desired Septic System Type: *(You may rank in order of preference, if any)* ( ) EXISTING SYSTEM installed 2005 (Year)

( ) Alternative ( ) Conventional ( ) Innovative ( ) Modified Conventional ( ) Other_____

8. 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. industry) 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.

9. Signature: J H James
Property owner or owner's legal representative signature (SIGNATURE REQUIRED)

6/17/17
DATE

IREDELL COUNTY HEALTH DEPARTMENT *ENVIRONMENTAL HEALTH DIVISION:*

SITE PLAN WORKSHEET

SEE THE "SAMPLE SITE PLAN" BELOW. ***INCOMPLETE SITE PLANS WILL BE RETURNED TO YOU FOR COMPLETION AND MAY RESULT IN A DELAY IN THE ISSUANCE OF YOUR SEPTIC SYSTEM PERMIT!!!***

Place an (X) beside each item as you complete the site plan:

____ **Property Line measurements are clearly identified...** ____ **All proposed structures are indicated...**

SHOW: proposed house or business footprint, wells, water lines, patios, pools and decks, and any other item that will occupy space on the site

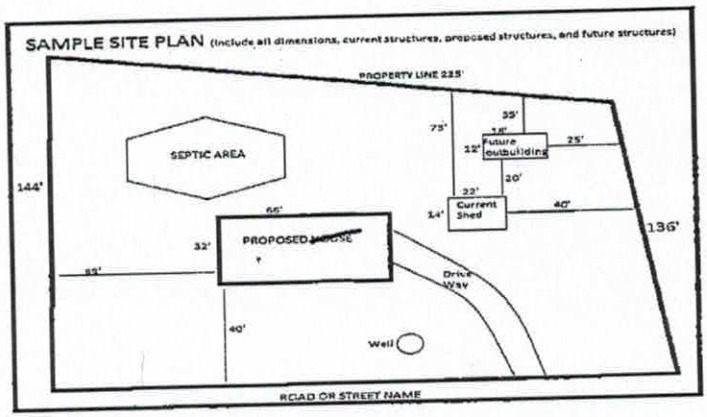
X **Front and side setbacks from property line...** ____ **Preferred driveway location and configuration, preferred well location...**

____ **Area you prefer your septic system to be placed...** ____ **North arrow, or other sufficient indicator of direction...**

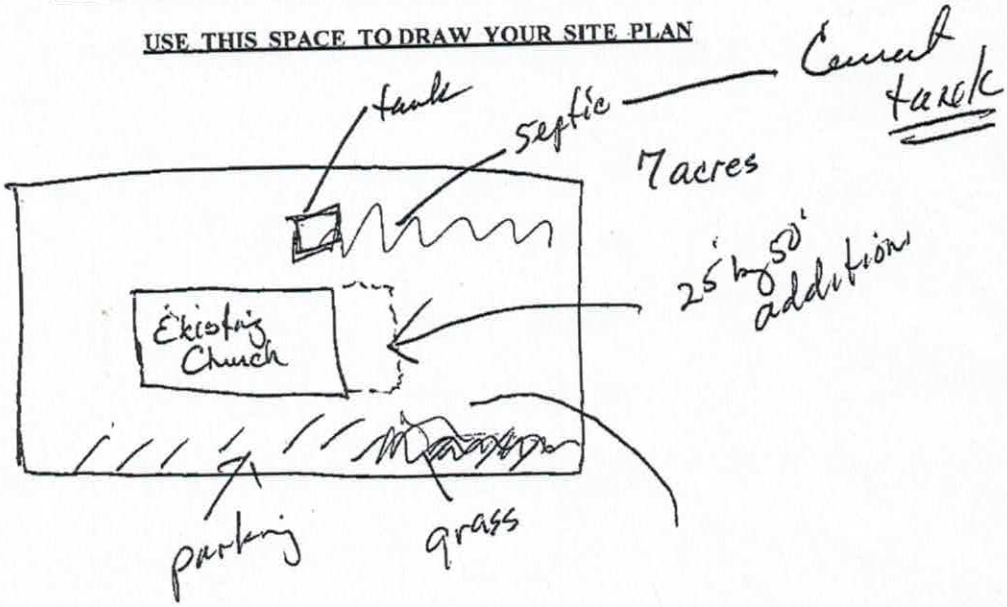
Circle N/A on the following if appropriate:

____ **Location of septic systems and wells within 100' of your property... N/A**

____ **Location of easements and rights of ways on your property... N/A** ✓ **Location of any designated wetlands on the property... N/A**



USE THIS SPACE TO DRAW YOUR SITE PLAN



Signature: _____

REQUIRED property owner or owner's legal representative signature.

6/17/2017

DATE

IREDELL COUNTY HEALTH DEPARTMENT

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

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

CI

PERMIT# 109325 PIN# 4715-07-6921 DATE Nov. 12, 2002

OWNER OR CONTRACTOR Statesville Full Gospel Tabernacle PHONE: Business (704) 500-6607 Home (704) 873-9723

ADDRESS 124 Island Park Lane Statesville, N.C. 28625

LOCATION Taylorsville Hwy, (2) Village Point Drive on Left.

SUBDIVISION Village Point BLOCK / SECTION — LOT — LOT AREA 6.14 Acres SITE CLASS. PS DESIGN FLOW 975 L.T.A.R. .33 gpd/ft²

Septic Tank: 1640 Gallons; STB See Note Date

Pump Tank: Gallons; PT Date

Pump Make: Model Serial No.

Nitrification Field: No Fields 1 Square Feet Est. to 2955 Linear Feet 740

No Lines 11 Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth N/A

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

System Description: Gravity, [redacted] 25% Reduction

Repair System Description: Gravity Pump Conventional

Maintenance Agreement Required: ☐ Yes ☒ No

☐ House/Mod. Home No. Bedrooms

☐ Mobile Home No. Bathrooms

☐ Business No. Employees

☒ Other Church - 195 members

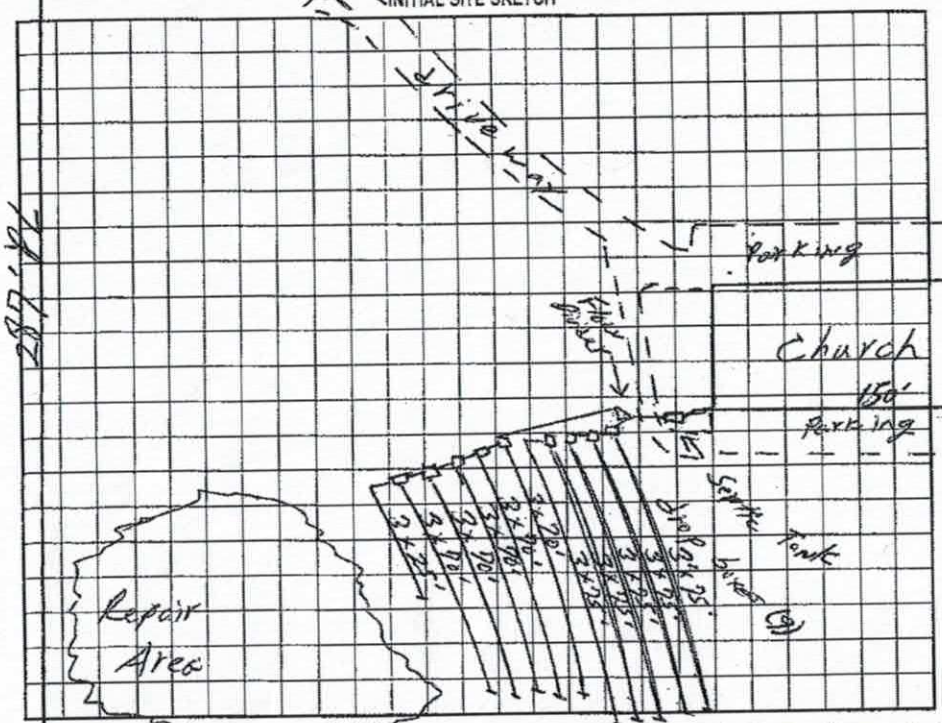
☒ Slab ☐ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☐ Individual ☒ Public ☐ Community

Comments:/Conditions: (1) Do Not Install when wet (2) Install lines on Contour (3) Do Not Park or drive over Septic Lines (4) Ductile iron or equivalent pipe shall be used in areas subject to Vehicular Traffic or 30% or greater slopes. Top Cover over pipe 6"-24" FL

Comments:/Conditions: Approved Okay to move ST to Side of House 9/5/03 Inspector

INITIAL SITE SKETCH



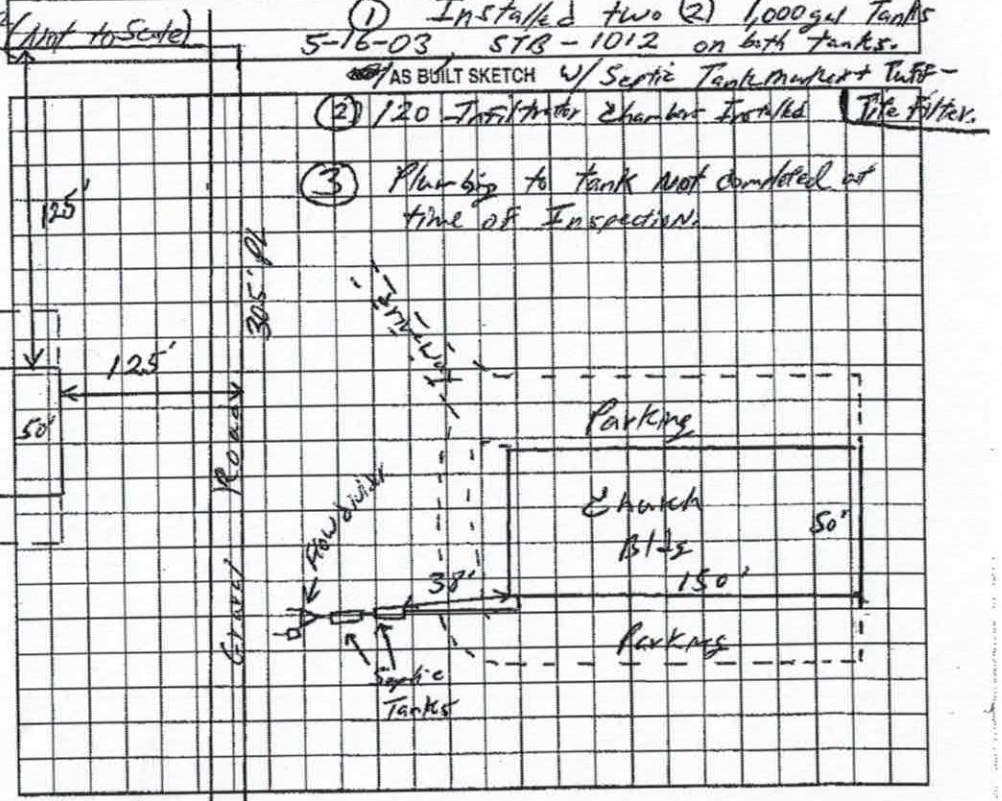
(Not to Scale)

AS BUILT SKETCH

(1) Installed two (2) 1,000 gal Tanks 5-16-03 STB - 1012 on both tanks.

(2) 120 Infiltrator Chambers Installed w/ Septic Tank Riser Tuff-Tite Filter.

(3) Plumbing to tank not completed at time of Inspection.



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Signed: 11/13/02 Rev Robert Johnson date

Improvement Permit by: William O. Johnson date 11/17/02

Authorization to Construct by: William O. Johnson date 11/17/02

Installed by: Tommy Frye

Operation Permit by: William O. Johnson date 11/14/03

Existing System Inspection by: date

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