ICHD - ENVIRONMENTAL HEALTH DIVISION

Statesville Office (704) 878-5305 x3456 Mooresville Office (704) 660-3625

PERMIT : OSWP 2025-848601

PIN # 4715 - 18 - 9181

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

APPLICANT/OWNER: Free Will Family Worship Center APPLICANT ADDRESS: 4059 Taylorsville Hwy, Statesville 28625

SITE ADDRESS: 4059 Taylorsville Hwy, Statesville 28625 PHONE: 704-929-8785 ALT. PHONE -

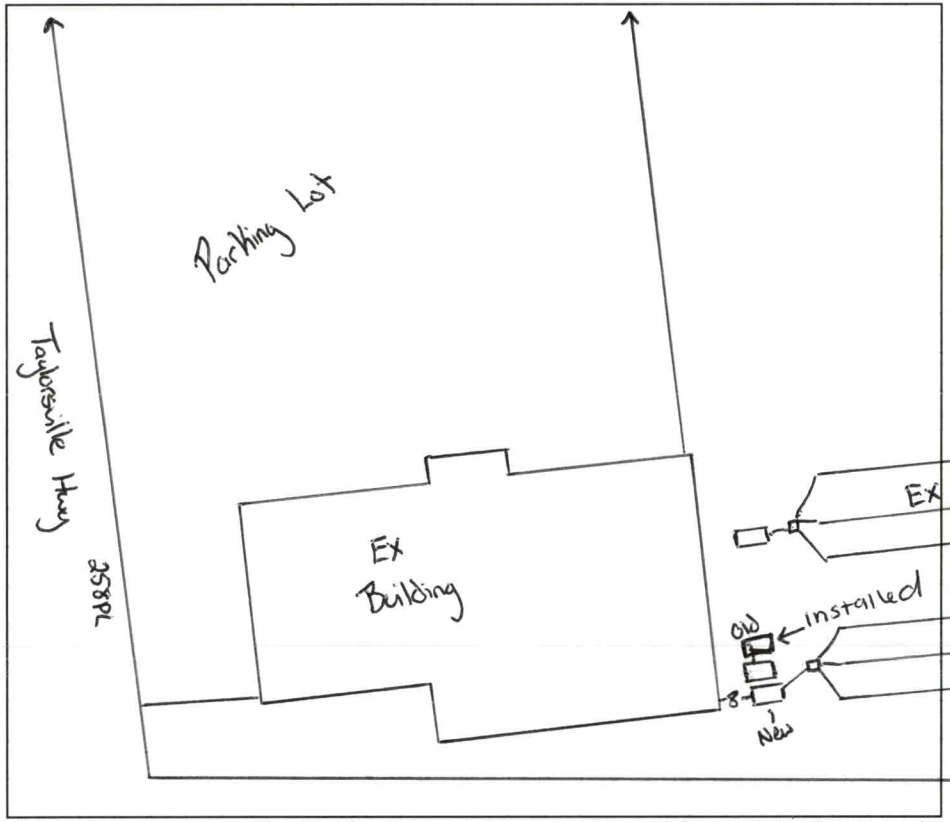
SITE DIRECTIONS: 64/90 - Taylorsville Hwy SAP CONTROLLED: ☐ YES ☐ NO

SUBDIVISION: - SECTION: - LOT # - LOT AREA: 2.25 DESIGN FLOW: EX L.T.A.R.(Initial): Ex L.T.A.R (Repair): Ex

Septic Tank 1500 (gal)	STB	Date	☐ New System	☒ Repair	☐ Expansion	System Type: I II III IV V VI	☒ Residence	No. Bedrooms Ex	Water Supply
Pump Tank (gal)	PT	Date	System Description: -				☐ Business	No. Persons Ex	☐ Private
Pump Make Model		Serial #	Repair System Description: Tank Replacement				☐ Other	No. Employees	☒ Public
# Nitrification Fields Ex # Lines Ex		Linear Ft Ex	Maintenance Agreement Required:		☐ YES	☒ NO	☒ Slab	☐ Crawl Space	☐ Community
Trench Width Ex *Max. Trench Depth(Initial) Ex		*Max. Trench Depth(Repair) Ex	Gravel Depth Ex		☒ GRAVITY	☐ PRESSURE	☐ Basement w/plumbing		☐ Basement w/o plumbing
* Measured on the downhill side of the trench	Effluent Standard: ☒ DSE ☐ HSE ☐ TS-I ☐ TS-II ☐ RCW ☐ NSF/ANSI 40		Usable Depth to LC (Initial): Ex				Usable Depth to LC (Repair): Ex		*Limiting Condition*

Comments / Conditions: Pump, crush, & fill old tank. Replace distribution as needed.

INITIAL SITE SKETCH

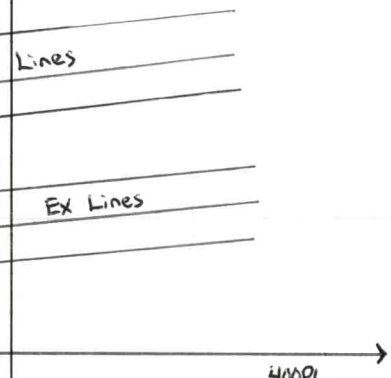


AS BUILT SKETCH

FOR SEPTIC FINAL INSPECTION CALL: 704-664-3703 between 8am-9am

the day the inspection is needed. Be sure to speak with an inspector to confirm your time.

1=50



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: Online Signature Date: Installed by: Carolina Septic Pro

IMPROVEMENT PERMIT by: Cay Hil Date: 10/16/25 OPERATION PERMIT by: Sydney Hilliard Date: 11/17/25

AUTHORIZATION TO CONSTRUCT by: Cay Hil Date: 10/16/25 Existing System Inspected by: Date:

Item	Date	Initials
Drain Lines Checked		
Tanks Checked		
Pressure Manifold or Valve Box Checked		
Pressure Head Set		
Electrical Checked		
Floats Set		
Alarm Checked		
Maintenance Contract Needed? Y / N		
Comments:		

Repairs Only	
	State Code
Failing System Code	
Type of Distribution	G or P
Type of Failure/Malfunction	
Primary Cause of Failure/Malfunction	
Age of System? _____	
Initial or Repair? _____	



Tax Map Information

• PIN	4715189181.000
• Address	4059 TAYLORSVILLE HWY
• Account #	Acct 80056785
• Tax Owner	FREE WILL FAMILY WORSHIP CENTER INC
• Mailing Address	PO BOX 781
•	TROUTMAN, NC 28166
• GIS Owner	FREE WILL FAMILY WORSHIP CENTER INC
• Deed Info	2577 / 2448 - WD - 20180914
• Tax Acres	2.25 AC
• Lot #	
• Description	COOK NC90
• Zoning	GB
• Old Parcel #	1009E00000A062C

IREDELL COUNTY · NC

MAP FOR REFERENCE ONLY
NOT A LEGAL DOCUMENT

Iredell County, North Carolina makes no claims and no warranties, expressed or implied, concerning the validity or accuracy of the GIS data presented on this map.

Geometry updated 03/31/2025
Data updated 03/14/2025

Print map scale is approximat
Critical layout or measuremen
activities should not be done u
this resource.

PERMIT SNAPSHOT REPORT OSWP-2025-84861 FOR IREDELL COUNTY

Permit Type	Environmental Health OSWP	**Project:**		**App Date:**	10/13/2025
Work Class:	EH Septic Permit	**District:**	Iredell County	**Exp Date:**	NOT AVAILABLE
Status:	PRIORITY PERMIT	**Square Feet:**	0.00	**Completed:**	NOT COMPLETED
Valuation:	$0.00	**Assigned To:**	Whicker, Cory	**Approval Expire Date:**	
Description:	PRIORITY PERMIT -- REPAIR				
	septic repair				

Parcel:	4715189181.000	Main	**Address:**	4059 Taylorsville Hwy Statesville, NC 28625	Main

Zone: GB(General Business)

Applicant/Authorized Agent
Charles Davidson, Sr
P O Box 781
Troutman, NC 28166
Mobile: (704) 929-0785

Property Owner
FREE WILL FAMILY WORSHIF
CENTER INC
4059 TAYLORSVILLE HWY
STATESVILLE, NC 28625
Business: (704) 929-0785

Permit Custom Fields

How is your site plan being submitted	Custom Site Plan	Septic Application/Permit Type	Repair	Does the site contain any jurisdictional wetlands	No
Non-domestic Sewage Generated	No	Other Public Agency	No	All proposed structure dimensions	n/a
Maximum Number of Bedrooms	0	If other Addition/Structure, please explain		Number of Occupants	0
Foundation Type	Concrete Slab Foundation	Water Supply	Municipal Water	Desired Septic System Type	Conventional (most common)
If other septic system type, please explain		Additional Unique Setbacks Apply	No		

Attachment File Name	Added On	Added By	Attachment Group	Notes
Signature_Charles_Davidson_10/13/2025.jpg	10/13/2025 12:05	Davidson, Sr, Charles		Uploaded via CSS
A1-Site Plan_v1.pdf	10/13/2025 12:27	Davidson, Sr, Charles	Available Online	
B1-Authorize to Act as Agent_v1.pdf	10/13/2025 12:27	Davidson, Sr, Charles	Available Online	

Workflow Step / Action Name	Action Type	Start Date	End Date
Application Completeness Check v.1		10/13/2025 12:26	10/13/2025 12:26
Confirm application complete v.1	Generic Action		10/13/2025 12:26
~~**Zoning Review v.1**~~			10/13/2025 12:26
~~Floodplain Admin Overview v.1~~	Task		10/13/2025 12:26
~~Iredell County Zoning Approval v.1~~	Task		10/13/2025 12:26
~~Issue Invoice v.1~~	Generic Action		10/13/2025 12:26
~~Fees Paid v.1~~	Generic Action		10/13/2025 12:26
Fees v.1			
Issue Invoice v.1	Generic Action		
Fees Paid v.1	Generic Action		
Lot Readiness Verification v.1			
~~OSWP Septic Preliminary Site Visit v.1~~	Inspection		10/13/2025 12:26
OSWP Site Evaluation v.1	Inspection		
Issue Improvement Permit v.1			

PERMIT SNAPSHOT REPORT (OSWP-2025-84861)

Issue Invoice v.1	Generic Action
Fees Paid v.1	Generic Action
Issue Permit v.1	Generic Action
Permit Completion Process v.1	
Authorization to Construct Permit v.1	Create Sub Permit
Issue Authorization to Construct v.1	Generic Action

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 James Fulbright DATE 8/6/79 PERMIT NO. _____

PHONE: Business _____ Home _____

LOCATION Hwy # 90 Above Loray. Restaurant on Left at Carol Lynn Acres Rd. S. R. No. _____

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

House ( ) Mobile Home ( ) Business (✓) Other Restaurant 40 seats

No. Bedrooms _____ No. Bathrooms 2

Garbage Disposal Unit	Yes ( )	No ( )	
Auto. Dishwasher	Yes ( )	No ( )	
Auto. Wash. Machine	Yes ( )	No ( )	
Site Suitable	Yes ( )	No ( )	

Character & Porosity of Soil Cecil Clay

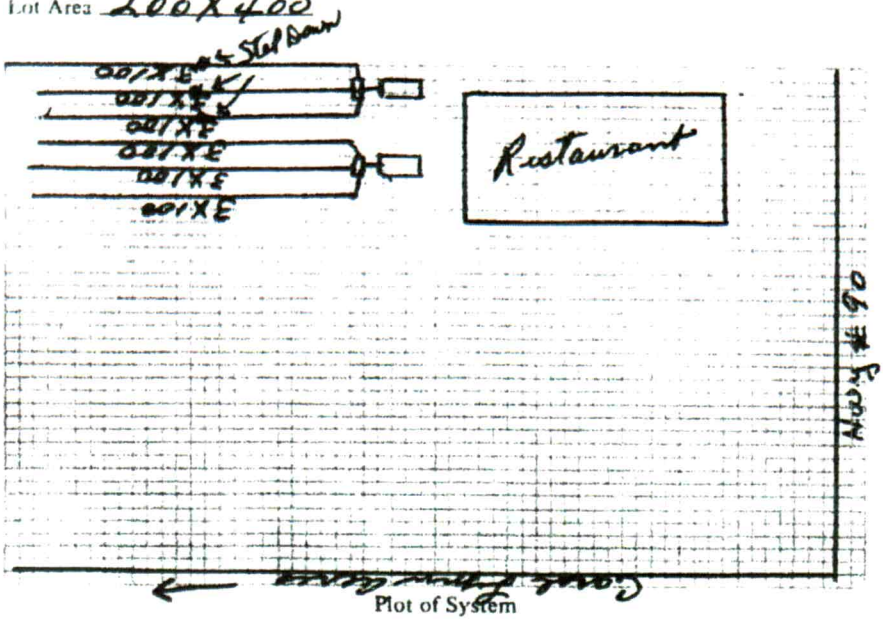
Percolation Rate _____

Topography 2-6%

Depth to Water Table _____

Rock or other impervious formations _____

Lot Area 200X400



Plot of System

2 Systems 900 sq ft each
1500'

Size of Tank 1500 Gals.

Nitrification Field:
No. of Lines 3
Sq. Ft. 900 Linear Ft. 300
Depth of Stone in Lines 10"

Water Supply: Individual ( )
Public (✓)

Installed by Donald Lackey

IMPROVEMENTS PERMIT BY _____

COMMENTS: _____

CERTIFICATE OF COMPLETION BY E. A. Stevenson DATE _____

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

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