IREDELL COUNTY HEALTH DEPARTMENT

STATESVILLE 704-878-5305 MOORESVILLE 704-664-5281 (C1)

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

DATE 11-13-02

PERMIT# 109698 PIN# 4720-06-2065

OWNER OR CONTRACTOR BETHEL BAPTIST CHURCH PHONE: Business % 828-437-4141 Home 704-528-5036

ADDRESS 1162 E. MONBO ROAD, STATESVILLE, NC 28677

LOCATION OLD MOUNTAIN ROAD TO E. MONBO ROAD, CHURCH ON RIGHT ACROSS FROM ST. JOHN'S ROAD

SUBDIVISION _____ BLOCK / SECTION _____ LOT _____ LOT AREA 6.03 ACRES SITE CLASS PS DESIGN FLOW 1070 L.T.A.R. EXISTING

Septic Tank: TWO Gallons: STB _____ Date _____

Pump Tank: _____ Gallons: PT _____ Date _____

Pump Make: _____ Model _____ Serial No _____

Nitrification Field: No Fields TWO Square Feet _____ Linear Feet EXISTING

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

☐ New System ☐ Repair System Type: I. II (III) V. V. VI.

System Description: CONVENTIONAL, GRAVITY (IIID)

Repair System Description: _____

Maintenance Agreement Required: ☐ Yes ☐ No

☐ House/Mod. Home No. Bedrooms ____

☐ Mobile Home No. Bathrooms ____

☐ Business No. Employees ____

☑ Other CHURCH W 208 & KITCHEN

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

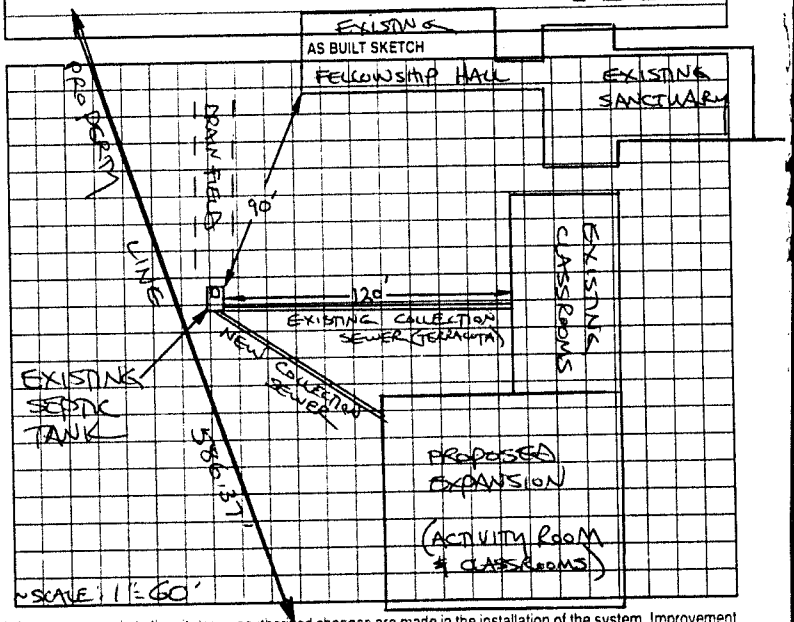
Water Supply: ☐ Individual ☐ Public ☑ Community

Comments/Conditions: SYSTEM UNDERSIZED ACCORDING TO TODAY'S STANDARDS, SYSTEM FUNCTIONING PROPERLY AT TIME OF INSPECTION, NO ADDITIONAL SEATING PLANNED FOR SANCTUARY

INITIAL SITE SKETCH

Comments/Conditions: EXISTING SEPTIC TANK → DRAINFIELD

EXISTING 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. Improvement Permit with plat valid without expiration. Improvement Permit with site plan valid for sixty months. Authorization to Construct is valid for a period equal to that of Improvement Permit – not to exceed sixty months

Signed: _____ date _____

Improvement Permit by: _____ date _____

Authorization to Construct by: _____ date _____

Installed by _____

Operation Permit by: _____ date _____

Existing System Inspection by: STEVE HEDRICK date 11-13-02

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