IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# _____ PIN# _____

OWNER OR CONTRACTOR Pleasant Hill Primitive Bapt. Ch. PHONE: Business _____ DATE 4-21-99

ADDRESS 1798 Buffalo ~~Shoales~~ Shoals Rd Home 828-632-5949

LOCATION Buffalo ~~Shoales~~ Shoals Rd past Kyles X Roads 1/2 mi Rd. County Iredell

SUBDIVISION _____ BLOCK / SECTION _____ LOT _____ LOT AREA ~~2~~ acres SITE CLASS PS DESIGN FLOW 400 L.T.A.R. .38

Septic Tank: 1000 Gallons; STB Existing Date _____

Pump Tank: _____ Gallons; PT _____ Date _____

Pump Make: _____ Model _____ Serial No. _____

Nitrification Field: No Fields 1 Square Feet 1080 Linear Feet 360

No Lines 3 Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth 12"

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

System Description: _____

Repair System Description: Conv. Gravity

Maintenance Agreement Required: ☐ Yes ☐ No

☐ House/Mod. Home No. Bedrooms ____

☐ Mobile Home No. Bathrooms ____

☐ Business No. Employees ____

☑ Other Church 80 seats

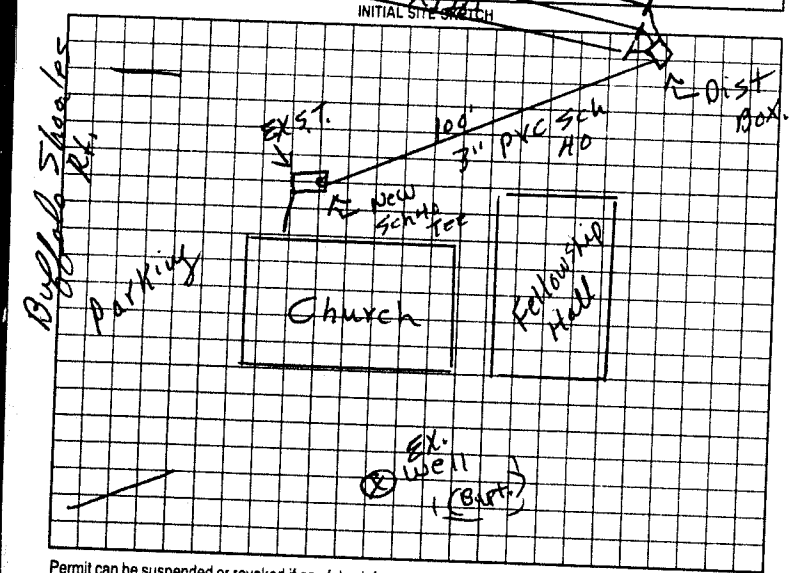
☐ Slab ☐ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☐ Individual ☐ Public ☐ Community

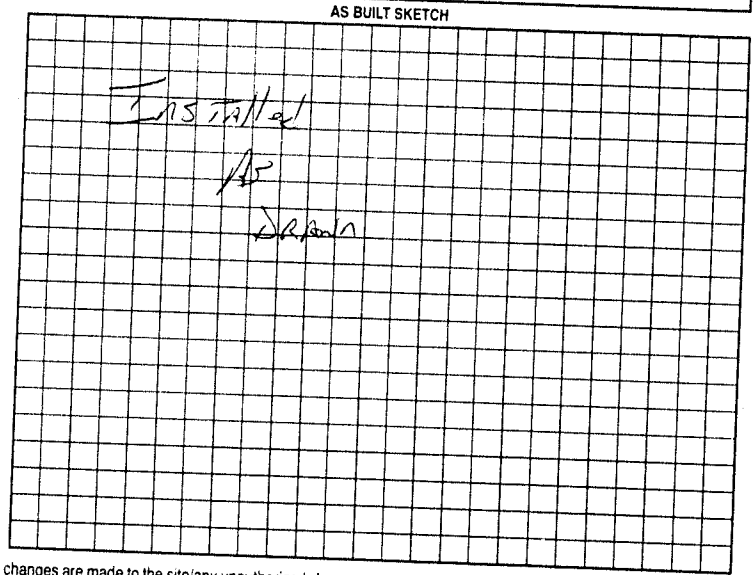
Comments/Conditions: ~~Front Pg.~~

Comments /Conditions

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. 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: Charles McSwain date _____ Installed by: _____

Improvement Permit by: C. Moore date 4-21-99 Operation Permit by: Joe Potter date 5-5-99

Authorization to Construct by: C. Moore date 4-21-99 Existing System Inspection by: _____ date _____

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