IREDELL COUNTY HEALTH DEPARTMENT

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

46701

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

PROPERTY DESCRIPTION NO. 15973 DATE 8/26/93

OWNER OR CONTRACTOR LIVING WATER ASSEMBLY of GOD PHONE: Business 872-9977 TAX MAP NO. 9A-A-109

ADDRESS P.O. BOX 1181 Home 871-2161

LOCATION NC 115 N, ON (R) ~ 0.2 MILE PAST SULLIVAN FARM ROAD

SUBDIVISION _____ BLOCK / SECTION _____ LOT _____ LOT AREA ~4 ACRES SITE CLASS. PS L.T.A.R. 0.35 GPD/FT2

Water Supply: ☐ Individual ☐ Community ☑ Public

Septic Tank: 1000 Gallons; STB 1012 Date 6/22/93

Pump Tank: _____ Gallons; PT _____ Date _____

Nitrification Field: No Fields 1 Square Feet 1350 Linear Feet 150

No Lines 3 Trench Width 36" Trench Depth 28" Gravel Depth 12"

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

System Description: CONV. GRAVITY

Repair System Description: CONV. GRAVITY

Maintenance Agreement Required: ☐ Yes ☑ No

☐ House/Mod. Home ☐ Mobile Home ☐ Business ☑ Other CHURCH W/95 SEATS @ 5GPD = 475 GPD

No. Bedrooms _____ No. Bathrooms _____ No. Employees _____

Garbage Disposal: ☐ Yes ☑ No

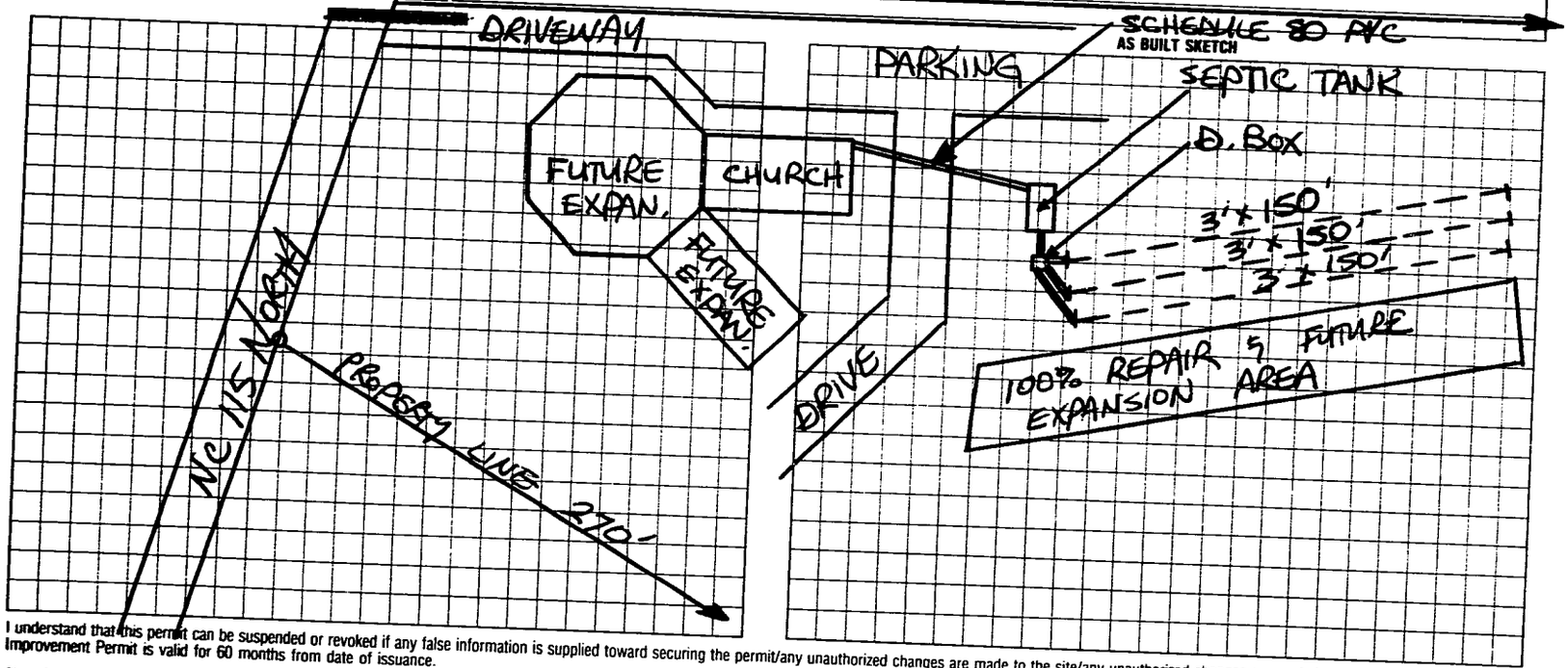
Auto. Dishwasher: ☐ Yes ☑ No

Auto. Washing Machine: ☐ Yes ☑ No

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

Comments

PROPERTY LINE 724'



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: STEVE HEDRICK date 3/25/93

Existing System Inspection by: _____ date _____

Installed by: TOMMY FRYE

Certificate of Completion by: STEVE HEDRICK date 8/26/93

Operation Permit by: _____ date _____

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