IREDELL COUNTY HEALTH DEPARTMENT - *ENVIRONMENTAL HEALTH* ☑ STATESVILLE OFFICE 704-878-5305 ☐ MOORESVILLE OFFICE 704-664-5281

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

PERMIT # 170685 PIN # 4739 11 4617 DATE MARCH 2, 2012

OWNER SNOW CREEK UMC APPLICANT: SAME PHONE: Home/Cell # 704-876-4501 Business # 704-876-1803

SITE ADDRESS 745 SNOW CREEK RD OWNER / APPLICANT ADDRESS 745 SNOW CREEK RD, STATESVILLE, NC 28625

SITE DIRECTIONS NC 115 N, TR SNOW CREEK ROAD, ~ 2.0 MILES ON RIGHT

SUBDIVISION _____ BLOCK / SECTION _____ LOT # _____ LOT AREA 11.1 ACRES DESIGN FLOW EXISTING L.T.A.R. EXISTING

Septic Tank EXISTING Gallons: STB _____ Date _____

Pump Tank _____ Gallons: P T _____ Date _____

Pump Make _____ Model _____ Serial # _____

No. Nitrification Fields: ?, No. Lines ?, Linear Feet ?,

Trench Width ?, Max. Trench Bottom Depth ?, Gravel Depth ?,

☐ New System ☐ Repair ☐ Expansion System Type I II III IV V VI

System Description: CONVENTIONAL (CESSPOOL)

Repair System Description: _____

Maintenance Agreement Required ☐ YES ☑ NO

☑ GRAVITY ☐ PRESSURE

☐ Residence No. Bedrooms _____

☐ Business No. Persons CHURCH

☑ Other No. Employees _____

☐ Slab ☐ Crawl Space

☐ Basement w/plumbing ☐ Basement w/o plumbing

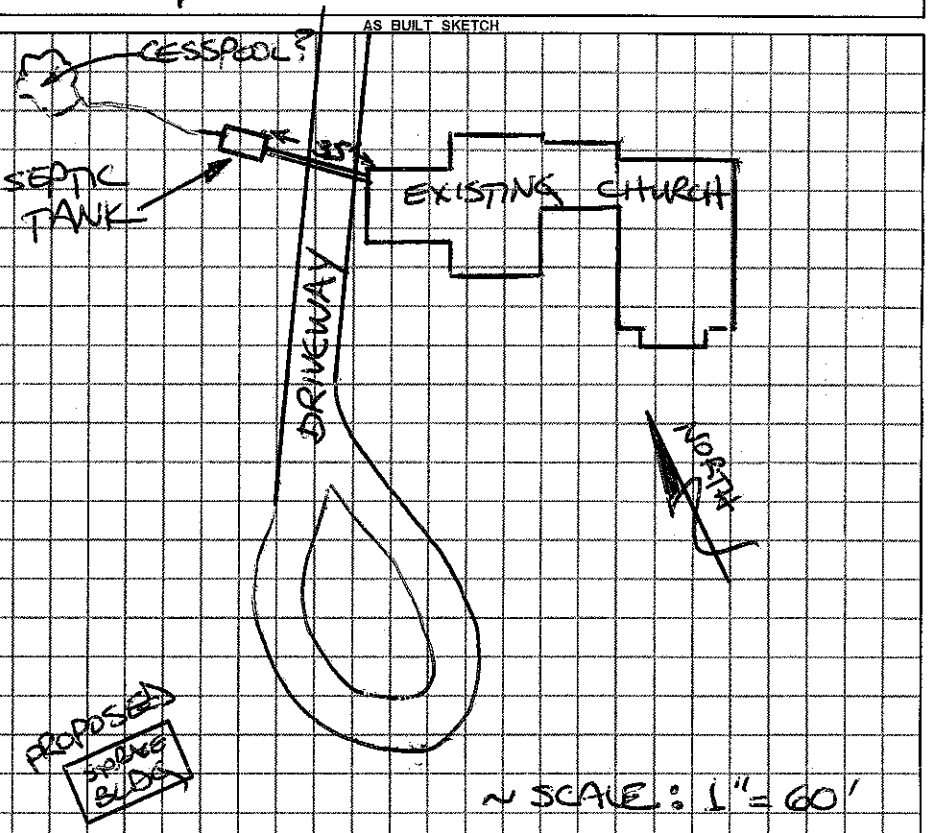
Water Supply: ☐ Private ☑ Public ☑ Community

Comments / Conditions

KEEP PROPOSED STORAGE BUILDING MINIMUM FIVE FEET FROM SEPTIC SYSTEM, 25' FROM ANY WELL

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 plat valid without expiration. site plan valid 60 mo. ☐ ***AUTHORIZATION TO CONSTRUCT*** valid for period equal to IMPROVEMENT PERMIT—not to exceed 60 mo.

Owner / Applicant Signature Jack B Holbert Date 3/6/2012 Installed by: _____

IMPROVEMENT PERMIT by: _____ ***REHS*** Date _____

AUTHORIZATION TO CONSTRUCT by: _____ ***REHS*** Date _____

OPERATION PERMIT by: _____ ***REHS*** Date _____

Existing System Inspected by: STEVE HEDRICK ***REHS*** Date 3-2-2012

YOU SHOULD CONTACT A LOCATOR SERVICE PRIOR TO ANY EXCAVATION

White Copy – Environmental Health YELLOW COPY (Final) Owner / Applicant PINK COPY (Initial) Owner / Applicant