IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 164747

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

PIN # 4740646888

APPLICANT: Living Water Ministry APPLICANT ADDRESS: 145 Lipe Rd

SITE ADDRESS: 145 Lipe Rd PHONE: 7045286824 ALT. PHONE:

SITE DIRECTIONS: Hwy 21 N (L) on 2nd Flowerhouse (R) on Lipe. Property on (L)

SUBDIVISION: n/a SECTION: LOT # LOT AREA: 1.21 Acre DESIGN FLOW: ~~480~~ 576 L.T.A.R.: .3

Septic Tank	500/1000 (gal)	STB	~~1500~~ 44	Date	8-20-33	☒ New System	☐ Repair	☐ Expansion	System Type: I II (III) IV V VI
Pump Tank	(gal)	PT		Date		System Description:	25% Reduction Gravity		
Pump Make		Model		Serial #		Repair System Description:	LP 50% Reduction		
# Nitrification Fields	1	# Lines	4	Linear Ft:	480	Maintenance Agreement Required:	☐ YES	☒ NO	
Trench Width	36"	Max. Trench Bottom Depth	36"	Gravel Depth	n/a	☒ GRAVITY	☐ PRESSURE		

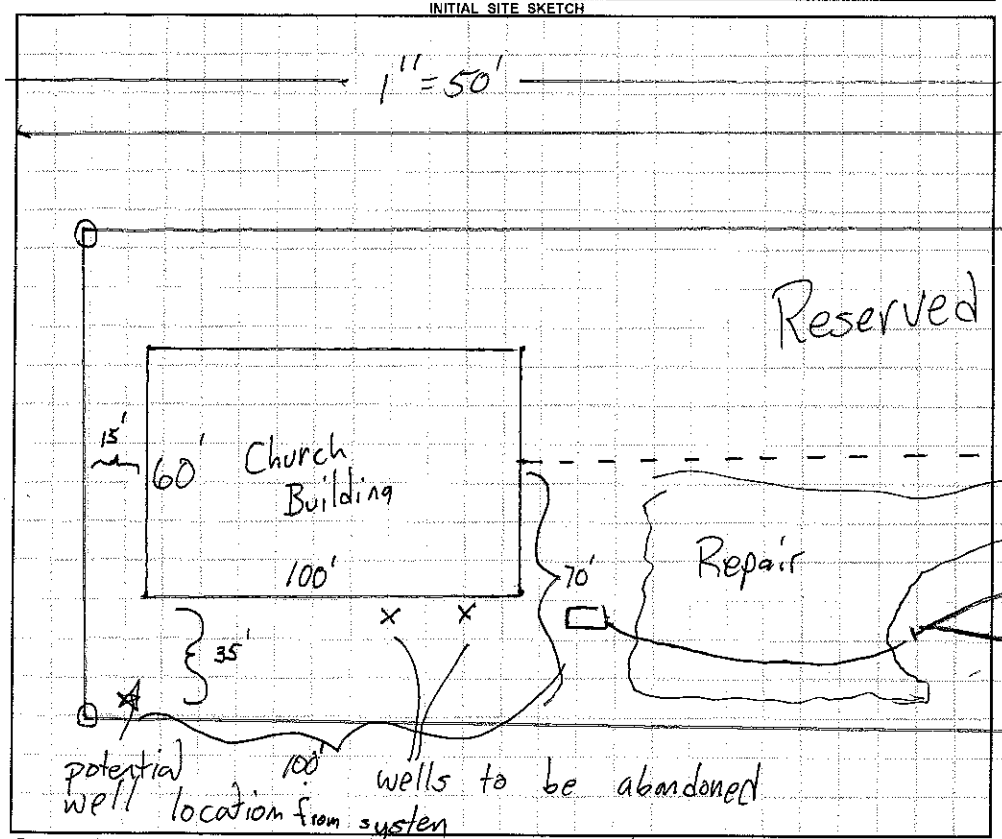
☐ Residence ☐ Business ☒ Other ☒ Slab ☐ Basement w/plumbing

No. Bedrooms No. Persons No. ~~Employees~~ seats 192 ☐ Crawl Space ☐ Basement w/o plumbing

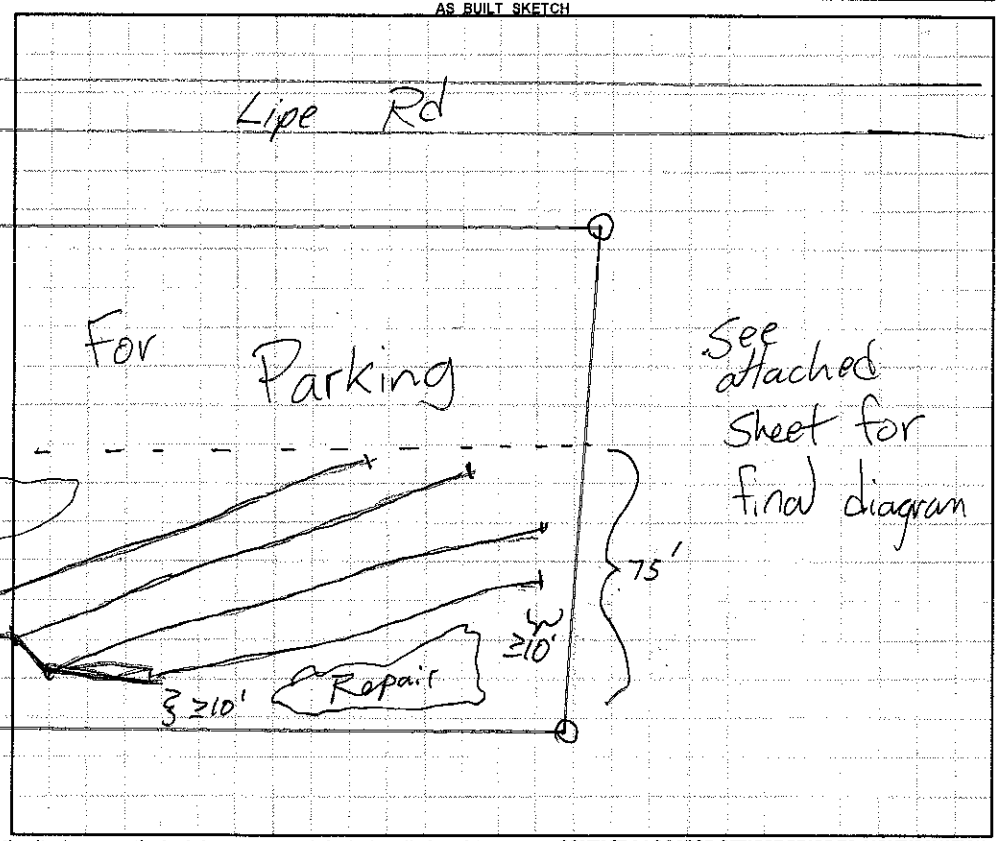
Water Supply: ☒ Private ☐ Public ☐ Community

Comments / Conditions: ☆ Wells must be abandoned before CA may be issued. Maximum seating capacity shall be 192 seats. (No Kitchen or Daycare allowed)

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. **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: [signature] Date: 6-11-13 Installed by: Larry Beam

IMPROVEMENT PERMIT by: [signature] Date: 6-11-13 OPERATION PERMIT by: [signature] Date: 9-25-13

AUTHORIZATION TO CONSTRUCT by: [signature] Date: 8-13-13 Existing System Inspected by: Date:

Health Dept. Copy - WHITE Applicant (Final Approval) - YELLOW Applicant (Conditional Approval) - PINK