IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# REPAIR PIN# 4746-35-7975 DATE 5-7-02

OWNER OR CONTRACTOR LANDMARK CHURCH of GOD PHONE Business c/o 704-873-2171 Home

ADDRESS SHUMAKER DRIVE, STATESVILLE NC 28625

LOCATION US 21 NORTH, TL SHUMAKER DRIVE, CHURCH ON RIGHT AT E. EDISON ROAD

SUBDIVISION BLOCK / SECTION LOT LOT AREA AMPLE SITE CLASS P3 DESIGN FLOW 500 L.T.A.R. EXISTING

Septic Tank: EXISTING Gallons: STB Date

Pump Tank: Gallons: PT Date

Pump Make: Model Serial No

Nitrification Field: No Fields 1 Square Feet 840 Linear Feet 280

No Lines TWO Trench Width 36" Max Trench Bottom Depth 36 +/- Gravel Depth 18"

☐ New System ☒ Repair System Type: I, II, (III), IV, V

System Description: CONVENTIONAL GRAVITY

Repair System Description: CONV. GRAVITY

Maintenance Agreement Required: ☐ Yes ☐ No

☐ House/Mod. Home ☐ Mobile Home ☐ Business ☒ Other CHURCH @ 100 seats

No. Bedrooms No. Bathrooms No. Employees

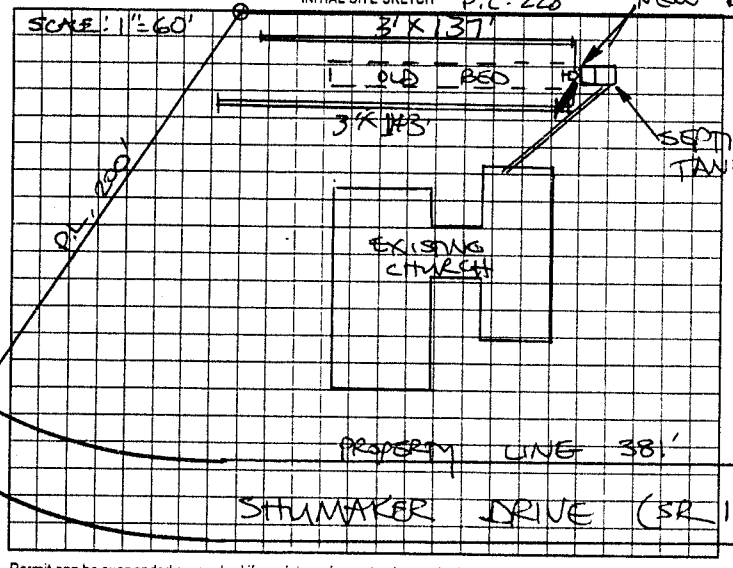
Water Supply: ☐ Individual ☒ Public ☐ Community

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

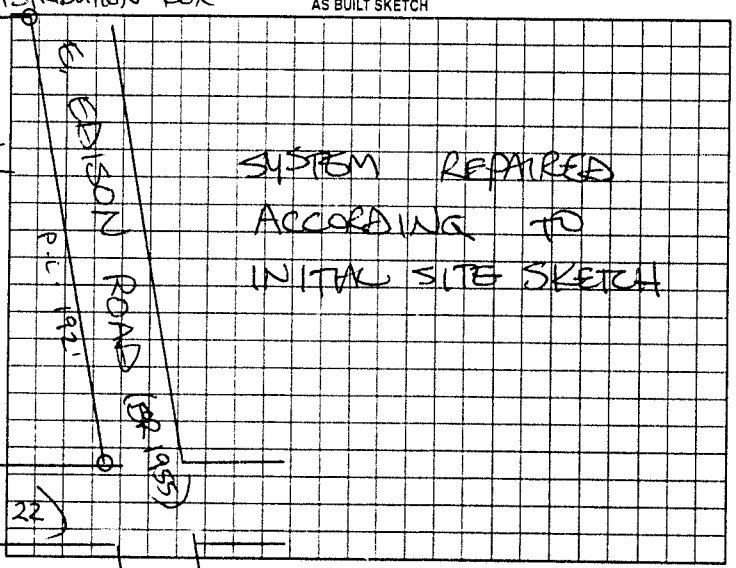
Comments/Conditions: SET NEW DISTRIBUTION BOX IF NECESSARY, AS SHALLOW AS POSSIBLE; FEED TWO NEW LINES 1ST, ALLOWING OLD SYSTEM TO DRY & REJUVENATE.

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: T. C. Moore date 5-7-02 Installed by: JAMES HUNTER

Improvement Permit by: STEVE HEDRICK date 5-7-02 Operation Permit by: STEVE HEDRICK date 5-15-02

Authorization to Construct by: STEVE HEDRICK date 5-7-02 Existing System Inspection by: date

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