Living Ford Ministries

IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 220326

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

PIN # 4747-84-2809

APPLICANT: CRESCENT STRUCTURES APPLICANT ADDRESS: PO Box 847 Lowell, NC

SITE ADDRESS: 347 JENNINGS RD. - Stat 28625 PHONE: 704-824-2009 ALT. PHONE:

SITE DIRECTIONS: 21 N, TL JENNINGS, ON L

SUBDIVISION: SECTION: LOT # LOT AREA: 10.89 AC DESIGN FLOW: 300 L.T.A.R.: .25

Septic Tank Ex. 1000 (gal) STB Date
Pump Tank (gal) PT Date
Pump Make Model Serial #
Nitrification Fields # Lines EXISTING Linear Ft:
Trench Width Max. Trench Bottom Depth Gravel Depth —

☐ New System ☐ Repair ☐ Expansion System Type: I II (III) IV V VI
System Description: 25% REDUCTION
Repair System Description: SAME
Maintenance Agreement Required: ☐ YES ☒ NO
☑ GRAVITY ☐ PRESSURE

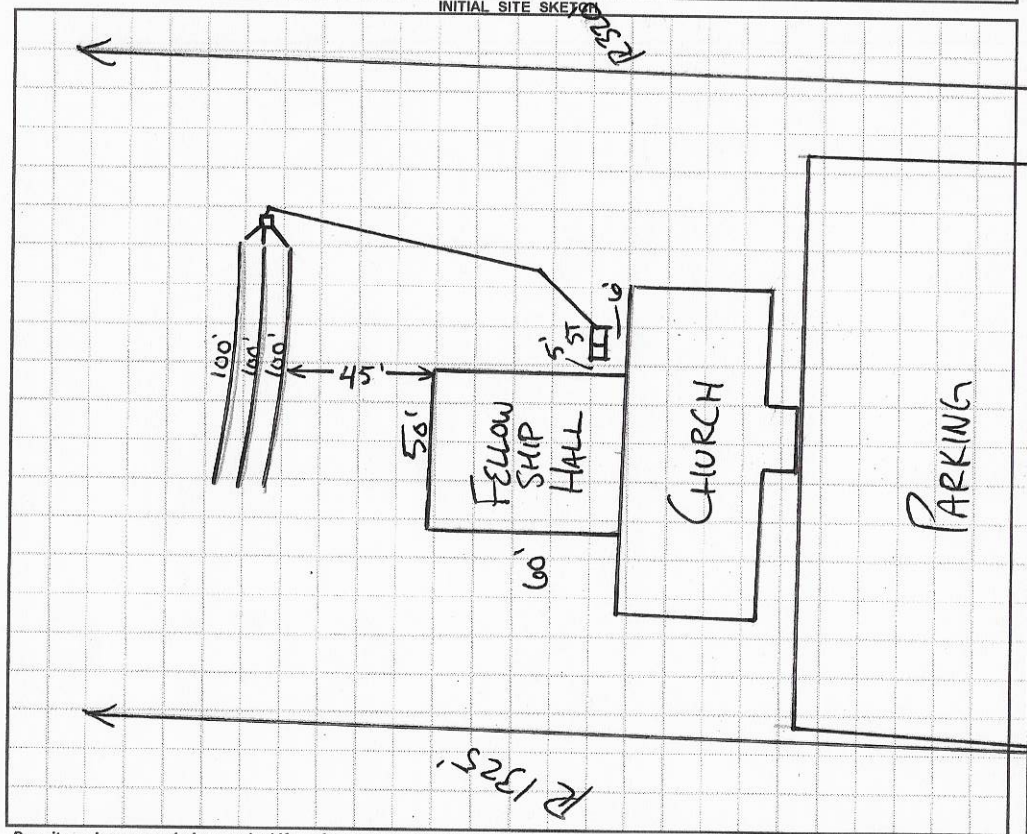
☐ Residence No. Bedrooms
☐ Business No. Persons
☒ Other No. Employees
☒ Slab ☐ Crawl Space
☐ Basement w/plumbing

Water Supply: ☐ Private ☒ Public ☐ Community
☐ Basement w/o plumbing

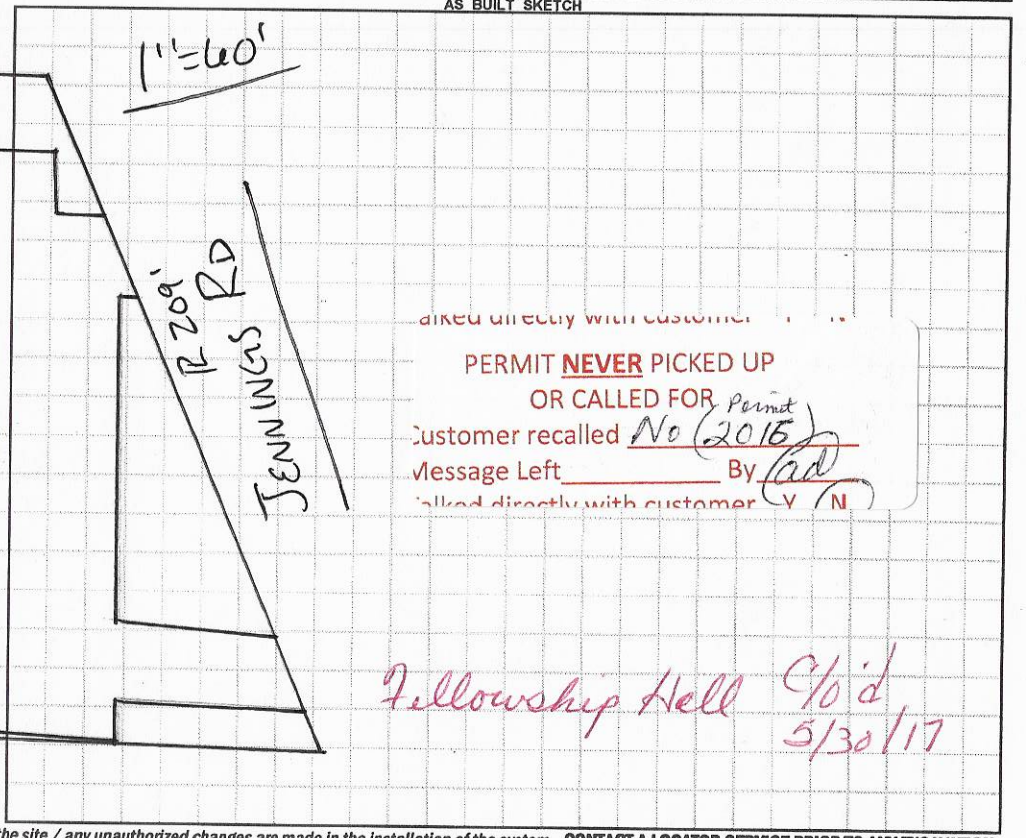
Comments / Conditions: BUILDING MUST BE 5' MIN FROM TANK
NO KITCHEN ALLOWED

CHURCH w/ 100 SEATS
FELLOWSHIP HALL

INITIAL SITE SKETCH



AS BUILT SKETCH



talked directly with customer Y N
PERMIT NEVER PICKED UP
OR CALLED FOR Permit
Customer recalled No (2016)
Message Left By CAD
talked directly with customer Y N

Fellowship Hall C/O'd 5/30/17

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: Date: Installed by:

IMPROVEMENT PERMIT by: Date: OPERATION PERMIT by: Date:

AUTHORIZATION TO CONSTRUCT by: Date: Existing System Inspected by: RAllen Date: 9-16-16

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

RECEIVED AUG 8 - 2016

IREDELL COUNTY HEALTH DEPARTMENT *ENVIRONMENTAL HEALTH DIVISION*

Application for SEPTIC REPAIR PERMIT Paid $250.00 #220326

(THE ABOVE PERMIT DOCUMENTS WILL BECOME INVALID IF INFORMATION PROVIDED ON THIS APPLICATION IS FALSIFIED OR CHANGED, OR IF THE SITE IS ALTERED. THE IMPROVEMENT PERMIT IS VALID FOR EITHER 60 MONTHS OR WITHOUT EXPIRATION DEPENDING UPON DOCUMENTATION SUBMITTED - APPLICATION WITH SITE PLAN 60 MONTHS, APPLICATION WITH COMPLETE, SCALED PLAT WITHOUT EXPIRATION. SEE 15A NCAC 18A .1937(f) FOR DETAILS)

1. APPLICATION FOR: ___Improvement Permit ___Authorization To Construct ___ BOTH ✓ Existing System Inspection

2. Page 2: *Site Plan Worksheet* Form MUST Accompany This Application
   The following optional attachments may also be submitted: ___Survey Plat, Scaled no more than 1 Inch = 60 Feet
   Place check ( ) beside whichever is submitted if applicable ___Custom Site Plan, Scaled no more than 1 Inch = 60 Feet

3. **Applicant Information:**

Applicant Name	Mailing Address	Home Phone #	Alternate Phone #
Crescent Structures	P.O. Box 847 Lowell, NC	(704)824-2009	
Owner Name	Mailing Address	Home Phone #	Alternate Phone #

4. **Property Information:**

Street Address	Subdivision Name	Section/Phase and Lot Number
347 Jennings Rd.		Statesville

Driving Directions: _____

5. **RESIDENTIAL Site Development Information:** *(Check or Complete ALL that apply)*

( ) New, Single Family Residence
( ) New, Multi-Family Residence
( ) Expansion of Existing Septic System
(✓) Repair To Failing Septic System due to _____
( ) Other Fellowship Hall 50x60

Maximum Number of Bedrooms ___
Maximum Number of Occupants ___
If Expansion, Current Number of Bedrooms ___

( ) Crawl Space Foundation?
( ) Concrete Slab Foundation?
( ) Basement w/Plumbing?
( ) Basement w/out Plumbing?

IF Non-Residential Site Development:
Type of Business: Place of Worship
Square Footage of Building: 3,000
Maximum Number of Employees: _____
Maximum Number of Seats: _____

6. **Proposed Water Supply:**

( ) New Well (✓) Existing Well ( ) Community Well ( ) City Water ( ) Other Public Water

7. **Desired Septic System Type:** *(You may rank in order of preference, if any)* (✓) EXISTING SYSTEM installed _____ Year

( ) Alternative ( ) Conventional ( ) Innovative ( ) Modified Conventional ( ) Other_____

8. Please Answer The Following ( ) Yes (✓) No Does the site contain any jurisdictional wetlands?
   To The Best of Your Ability: ( ) Yes (✓) No Is any non-domestic sewage (i.e. industry) to be generated?
   ( ) Yes ( ) No Is the site subject to approval by any other public agency?

I have read this application and certify that the information provided herein is true, complete, and correct. Authorized county and state officials are granted right of entry to conduct necessary inspections to determine compliance with applicable laws and rules. I understand that I am solely responsible for the proper identification and labeling of all property lines and corners and making the site accessible so that a complete site evaluation can be performed.

9. Signature: _____ 8/1/16
   Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

No
KITCHEN

IREDELL COUNTY HEALTH DEPARTMENT *ENVIRONMENTAL HEALTH DIVISION*:

SITE PLAN WORKSHEET

SEE THE "SAMPLE SITE PLAN" BELOW. ***INCOMPLETE SITE PLANS WILL BE RETURNED TO YOU FOR COMPLETION AND MAY RESULT IN A DELAY IN THE ISSUANCE OF YOUR SEPTIC SYSTEM PERMIT!!!***

Place an (X) beside each item as you complete the site plan:

X Property Line measurements are clearly identified... **X All proposed structures are indicated...**

SHOW: proposed house or business footprint, wells, water lines, patios, pools and decks, and any other item that will occupy space on the site

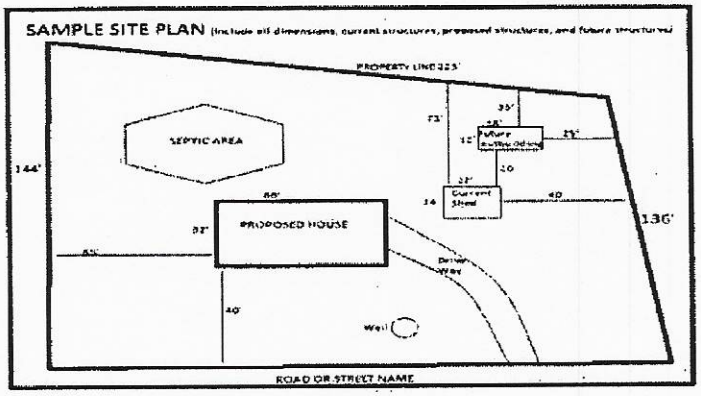
X Front and side setbacks from property line... **X Preferred driveway location and configuration, preferred well location...**

X Area you prefer your septic system to be placed... **X North arrow, or other sufficient indicator of direction...**

Circle N/A on the following if appropriate:

____ Location of septic systems and wells within 100' of your property... N/A

____ Location of easements and rights of ways on your property... N/A **____ Location of any designated wetlands on the property... N/A**



USE THIS SPACE TO DRAW YOUR SITE PLAN

See attached

Signature: Chad Dellinger

REQUIRED **property owner or owner's legal representative signature.**

8/1/16

DATE

IREDELL COUNTY HEALTH DEPARTMENT

STATESVILLE 704-878-5305 (C1) MOORESVILLE 704-664-5281

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

PERMIT# 117053 PIN# 4747-84-8714 2809 DATE 11-25-03

OWNER OR CONTRACTOR RAY SNORT PHONE: Business 704-202-5568 Home 704-876-4792 (INNES LEWIS)

ADDRESS P.O. BOX 1792, MOORESVILLE, NC 28117

LOCATION US 21 NORTH, TL JENNINGS ROAD, 0.8 MILE ON LEFT

SUBDIVISION CAMPBELL BLOCK / SECTION ____ LOT ____ LOT AREA AMPLE SITE CLASS: PS DESIGN FLOW 300 L.T.A.R. 0.25 GPD/FT²

Septic Tank: 1000 Gallons: STB 312 Date 7-17-05

Pump Tank: ____ Gallons: PT ____ Date ____

Pump Make: ____ Model GP.70 Serial No. 300

Nitrification Field: No Fields 1 Square Feet 1200 Linear Feet 400

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

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

System Description: CONVENTIONAL GRAVITY

Repair System Description: CONVENTIONAL PUMP

Maintenance Agreement Required: ☐ Yes ☑ No

☐ House/Mod. Home No. Bedrooms ____

☐ Mobile Home No. Bathrooms ____

☐ Business No. Employees ____

☑ Other CHURCH W/100 SEATS

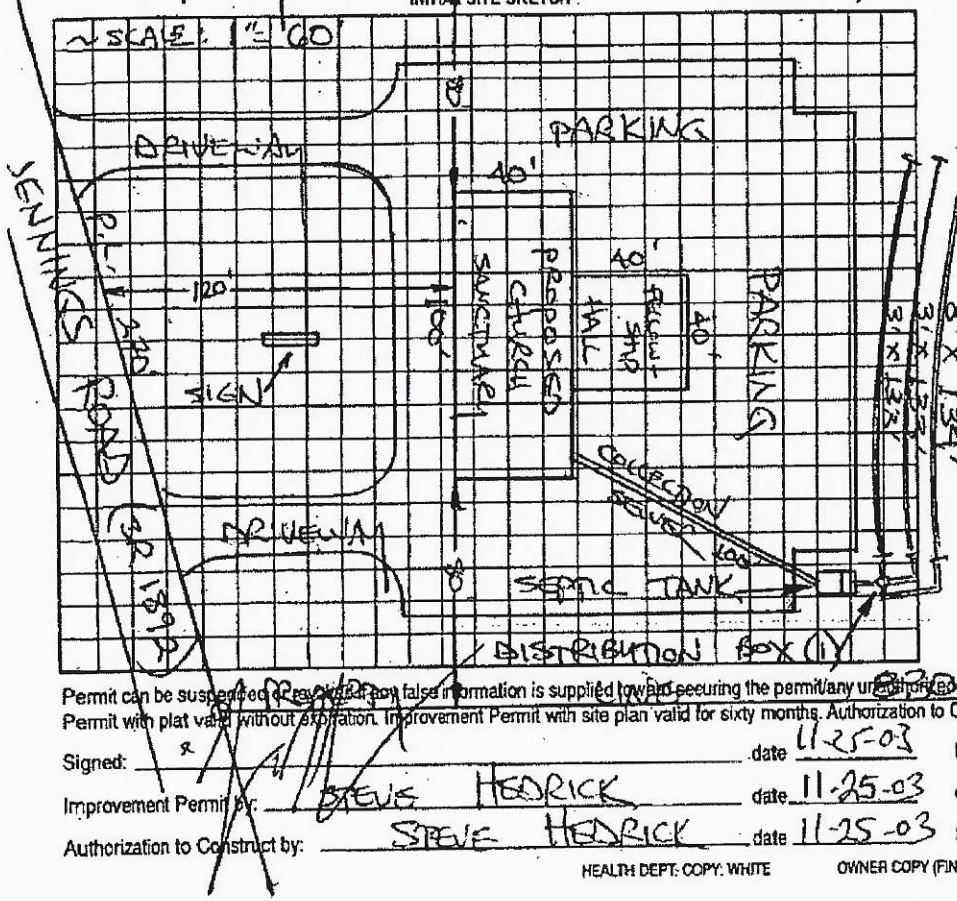
☐ Slab ☐ Crawl Space ☐ Basement w/plumbing ☐ Basement w/o plumbing

Water Supply: ☐ Individual ☑ Public ☐ Community

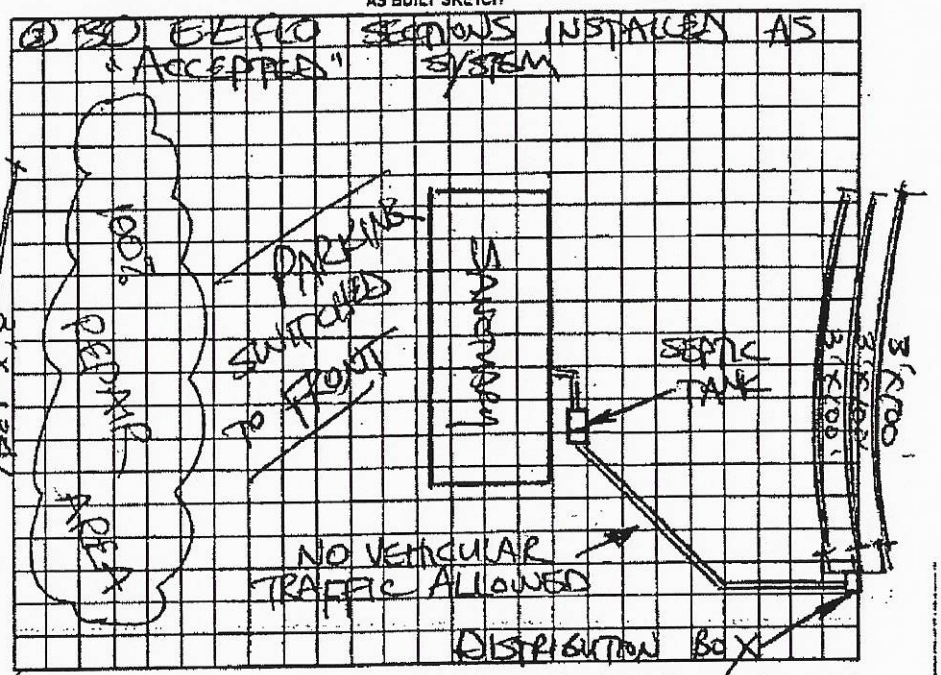
Comments/Conditions: KEEP ELEVATION OF PLUMBING AT LEVEL TO MAINTAIN GRAVITY FLOW (PUMP SYSTEM TO BE REQUIRED IF GRAVITY FLOW NOT MAINTAINED AT REQUIRED DEPTH

Comments/Conditions: ① SEPTIC TANK WITH RISERS & MARKER INSTALLED USING "RED-POLYLOK" FILTER ② SYSTEM ALTERED AS SHOWN WITH PRIOR HEALTH DEPARTMENT APPROVAL

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: ____ date 11-25-03

Improvement Permit by: STEVE HEDRICK date 11-25-03

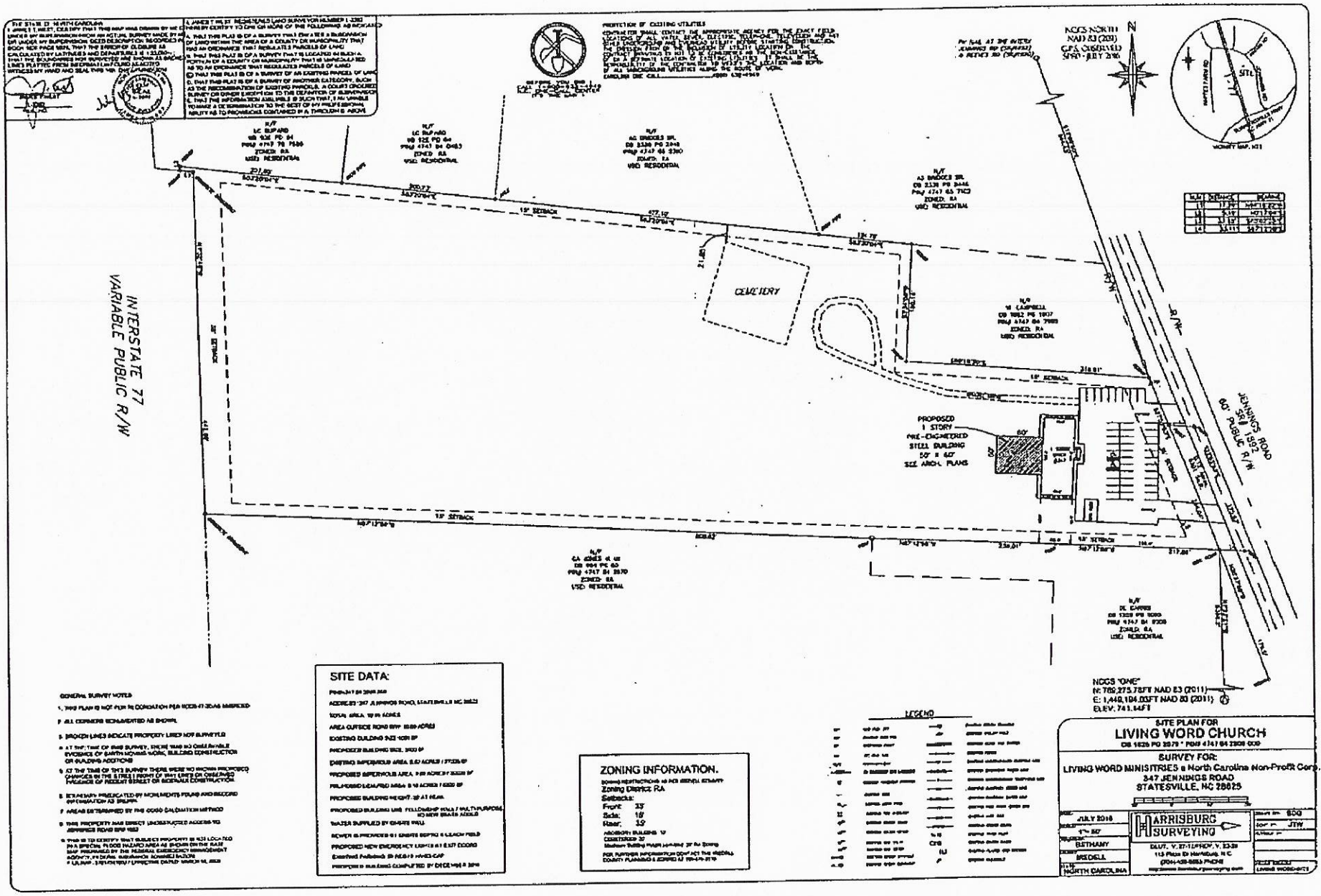
Authorization to Construct by: STEVE HEDRICK date 11-25-03

Installed by: HOWARDS BACKHOE

Operation Permit by: STEVE HEDRICK date 8-22-05

Existing System Inspection by: ____ date ____

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


INTERSTATE 77
VARIABLE PUBLIC R/W
CEMETERY
PROPOSED
1 STORY
PRE-ENGINEERED
STEEL BUILDING
50' X 60'
SEE ARCH. PLANS
JENNINGS ROAD
SR # 1592
60' PUBLIC R/W
SITE
NCGS NORTH
NAD 83 (2011)
GPS OBSERVED
SEPT - JULY 2016
SITE DATA:
ZONING INFORMATION.
Zoning District: RA
Setbacks:
Front: 35'
Side: 10'
Rear: 35'
LEGEND
SITE PLAN FOR
LIVING WORD CHURCH
SURVEY FOR:
LIVING WORD MINISITRIES a North Carolina Non-Profit Corp.
347 JENNINGS ROAD
STATESVILLE, NC 28625
HARRISBURG SURVEYING

Living Word Ministries (Crescent Structures)
220326

Public Health
Prevent. Promote. Protect.
Iredell County Health Department

IREDELL COUNTY DEPARTMENT OF ENVIRONMENTAL HEALTH

Public Health
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DOCUMENTATION TO AUTHORIZE AN OWNER'S LEGAL REPRESENTATIVE

Applications for permits require the "signature of the owner or owner's legal representative" (15A NCAC 18A .1937). If the owner does not sign the application himself or herself, they can submit any one of the following documents to designate their legal representative:

Power of Attorney; Real Estate Contract; Estate executor; Bankruptcy trustee; Court ordered guardianship

In the absence of the above documentation, the property owner may provide the local health department with documentation that designates a legal representative. A property owner may:

Complete this form to document his or her legal representative, or provide his or her own form that contains the information in this form.

If there are multiple property owners, then all property owners must sign the form that designates a legal representative.

By signing a form that designates a legal representative for purposes of 15A NCAC 18A .1937, the property owner authorizes that representative to act on their behalf in matters pertaining to the application and permitting process, including signing or receiving any application, document or permit. The owner retains full responsibility to meet all permit conditions specified by the local health department.

I, James D. Lewis Sr., am the legal owner(s) of the property located at 347 Jennings Road Statesville, NC, identified as PIN (Parcel Identification Number) 4744842809.000, located in Iredell County, North Carolina.

I do hereby authorize (**print legal representative/company name**) Crescent Structures, to act as an agent on my behalf in applying for/signing/obtaining any of the documents described below.

- Application for Improvement Permit (IP) / Authorization to Construct (AC)
- Improvement Permit (IP) / Authorization to Construct (AC)
- Application for soil-site evaluation (new/repair)
- Application/permit for private drinking water well/well abandonment
- Application for Compliance Inspection

I agree to abide by all decisions and/or conditions between the legal representative acting on my behalf and the Iredell County Department of Public Health, Environmental Health Division.

Signature of Owner(s)	Date	Signature of Witness	Date
[signature]	7-20-16	Diane Lewis	7-20-16

Please return this signed form to the appropriate office:

Mooresville - Environmental Health
ronda.hart@co.iredell.nc.us
Fax: 704-662-3239
610 E. Center Avenue, Mooresville, NC 28115

Statesville - Environmental Health
adrienne.shea@co.iredell.nc.us
Fax: 704-871-3483
349 N. Center Street, Statesville, NC 28677