# IREDELL COUNTY HEALTH DEPARTMENT

STATESVILLE 704-878-5305 MOORESVILLE 704-664-5281 (01)

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

PERMIT# 151925 PIN# 4753-47-2319 DATE 8-15-2008

OWNER OR APPLICANT ST. PAUL'S LUTHERAN CHURCH PHONE: Business 704-902-4398 Home 704-500-6789

ADDRESS 1950 SALISBURY HIGHWAY / STATESVILLE NC 28677

LOCATION US 70 EAST ON RIGHT JUST PAST KELLER LANE

SUBDIVISION _____ BLOCK / SECTION _____ LOT _____ LOT AREA LIMITED SITE CLASS. PS DESIGN FLOW EXISTING L.T.A.R. EXISTING

Septic Tank: 1500 Gallons: STB _____ Date _____

Pump Tank: _____ Gallons: PT _____ Date _____

Pump Make: _____ Model _____ Serial No. _____

Nitrification Field: No Fields 1 Square Feet EX Linear Feet EX

No Lines 2 BEDS Trench Width 7½ Max Trench Bottom Depth EX Gravel Depth EX

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

System Description: CONVENTIONAL, GRAVITY

Repair System Description: _____

Maintenance Agreement Required: ☐ Yes ☑ No

☑ Gravity ☐ Pressure

☐ House/Mod. Home ☐ Mobile Home ☐ Business ☑ Other CHURCH W/SCHOOL

No. Bedrooms ____ No. Persons 30 No. Employees ____

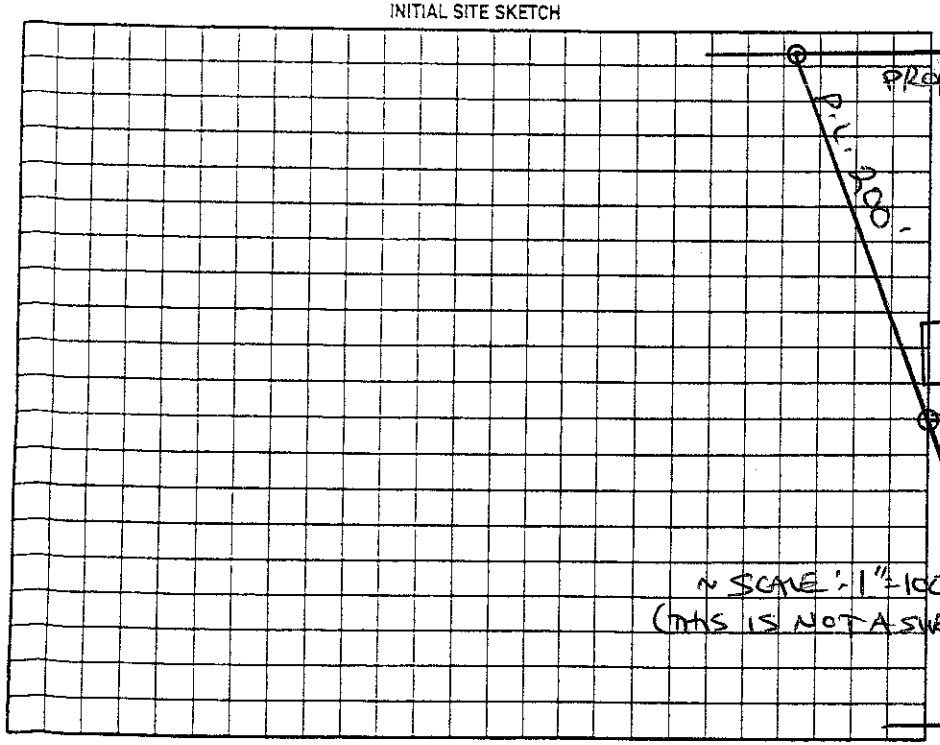
Water Supply: ☐ Individual ☑ Public ☐ Community

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

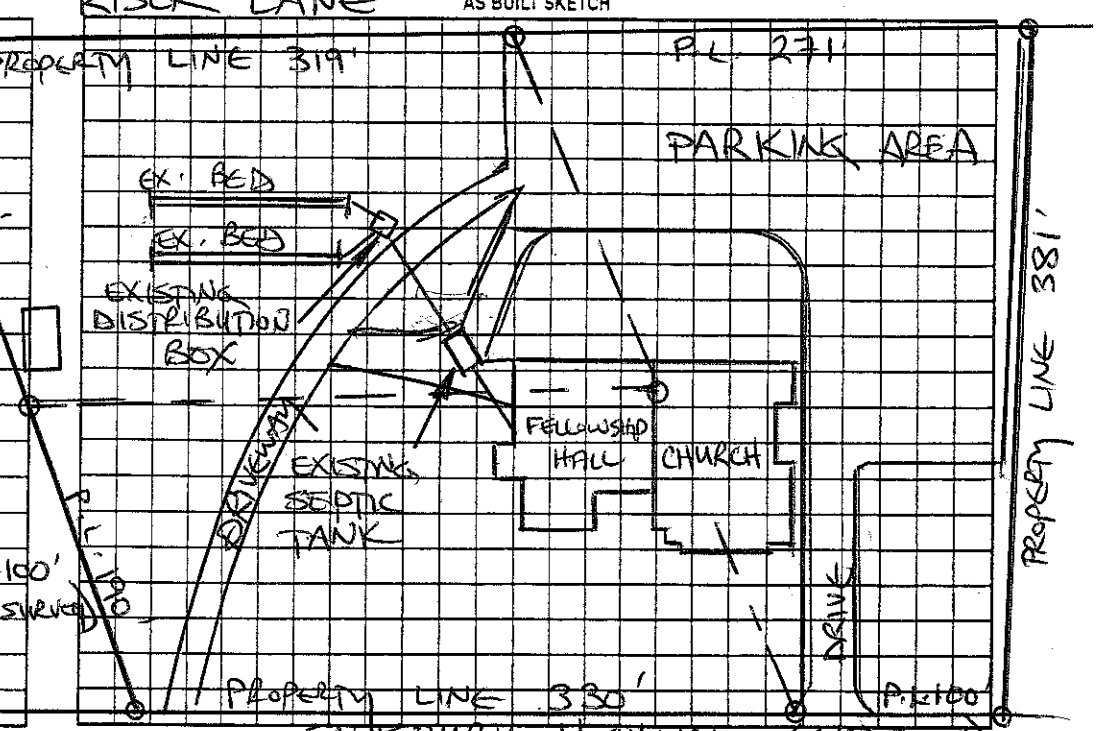
Comments/Conditions:

Comments/Conditions: SIZED FOR MAXIMUM 30 (STUDENTS & TEACHERS) BASED ON ATTACHED 1975 PERMITS UNDERSIZED ACCORDING TO TODAY'S STANDARDS

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 _____ Installed by: _____

Improvement Permit by: _____ date _____ Operation Permit by: _____ date _____

Authorization to Construct by: _____ date _____ Existing System Inspection by: STEVE HEDRICK date 8-15-2008

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