IREDELL COUNTY HEALTH DEPARTMENT

STATESVILLE 704-878-5305 MOORESVILLE 704-664-5281 (07)

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

PERMIT# 43180 PIN# 4773-84-7436 DATE 6-8-07

OWNER OR APPLICANT ELMWOOD FIRST BAPTIST PHONE: Business % 704-871-2262 Home % 704-450-3336

ADDRESS 1052 ELMWOOD ROAD, STATESVILLE, NC 28625

LOCATION US 70 EAST, TL ELMWOOD ROAD, CHURCH ON LEFT AT #1052

SUBDIVISION _____ BLOCK / SECTION _____ LOT _____ LOT AREA 2.955 ACRES SITE CLASS. PS DESIGN FLOW 525 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 _____ Linear Feet EXISTING

No Lines _____ Trench Width _____ Max Trench Bottom Depth _____ Gravel Depth _____

☐ 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 No. Bedrooms ____

☐ Mobile Home No. Persons ____

☐ Business No. Employees ____

☒ Other CHURCH @ 175 @ 3 GPD

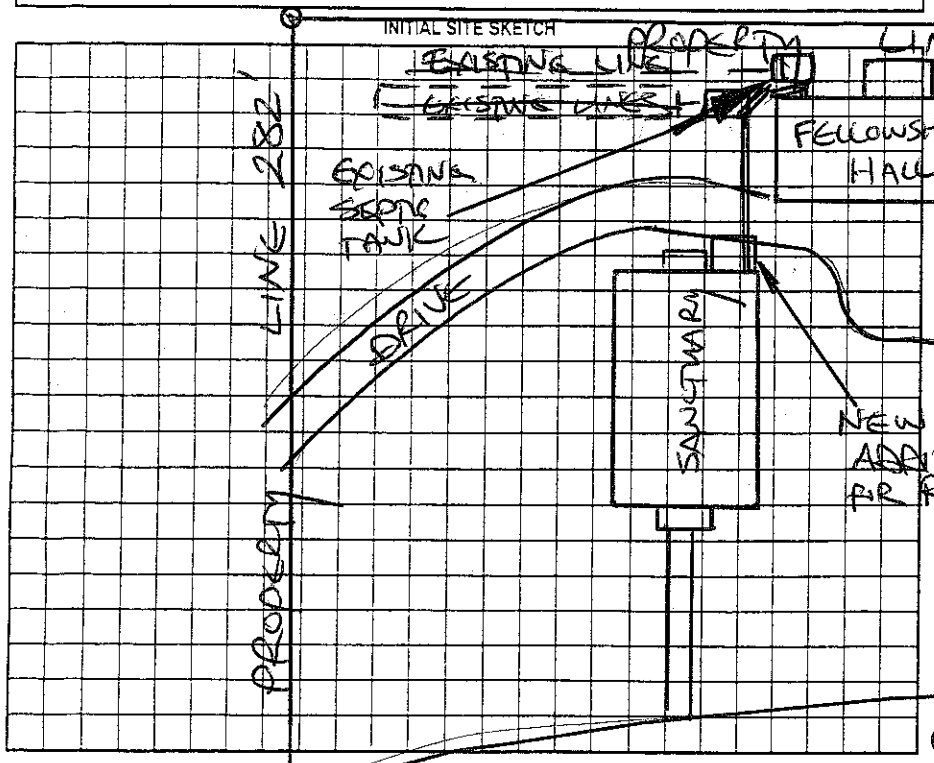
☐ Slab ☒ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☐ Individual ☐ Public ☐ Community

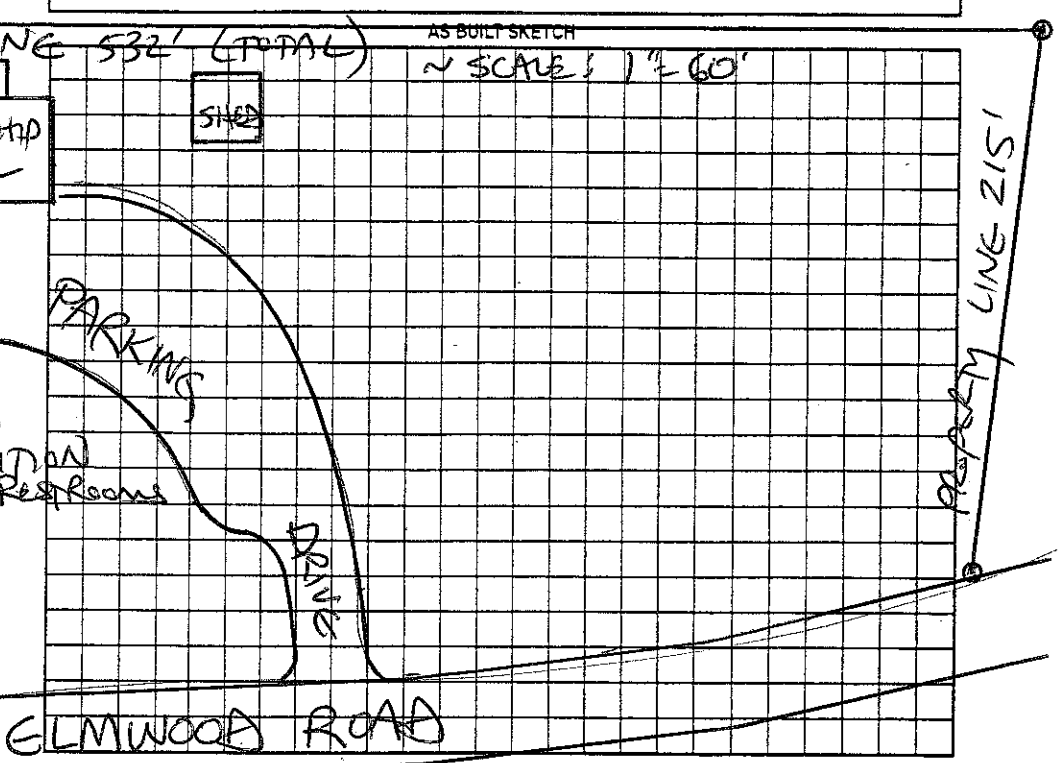
Comments:/Conditions:

Comments:/Conditions: SYSTEM UNDERSIZED ACCORDING TO TODAY'S STANDARDS

INITIAL SITE SKETCH



AS BUILT SKETCH ~ SCALE: 1" = 60'



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 HENDRICK date 6-8-07

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