IREDELL COUNTY HEALTH DEPARTMENT

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

IMPROVEMENT PERMIT / CERTIFICATE OF COMPLETION / OPERATION PERMIT / EXISTING SYSTEM INSPECTION

PROPERTY DESCRIPTION NO. ~~24184~~ 066418 DATE 8-2-96 TAX MAP NO. 5R-A-33 Watershed: ☐ Yes ☐ No

OWNER OR CONTRACTOR New Salem methodist Church PHONE: Business _____ Home 838 0431

ADDRESS 155 New Salem Rd

LOCATION US 64 E TR New Salem Rd 1/8 mi left behind church

SUBDIVISION _____ BLOCK / SECTION _____ LOT _____ LOT AREA 25 acres SITE CLASS. PS DESIGN FLOW 360 L.T.A.R. .3

Septic Tank: 1000 Gallons; STB 1017 Date 6-16-98

Pump Tank: _____ Gallons; PT _____ Date _____

Pump Make: _____ Model _____ Serial No. _____

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

No Lines 3 Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth 12"

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

System Description: Conv. Gravity

Repair System Description: " "

Maintenance Agreement Required: ☐ Yes ☑ No

☐ House/Mod. Home No. Bedrooms 2

☐ Mobile Home No. Bathrooms _____

☐ Business No. Employees _____

☑ Other Scout building

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

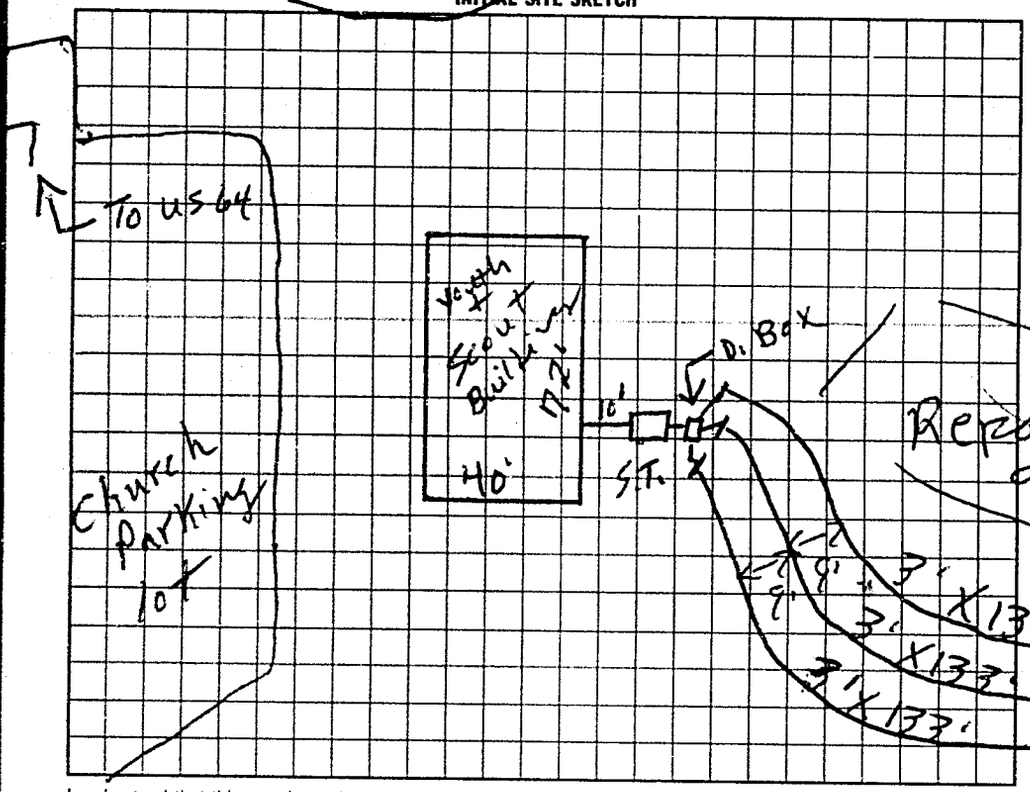
Water Supply: ☐ Individual ☐ Community ☑ Public

Comments:

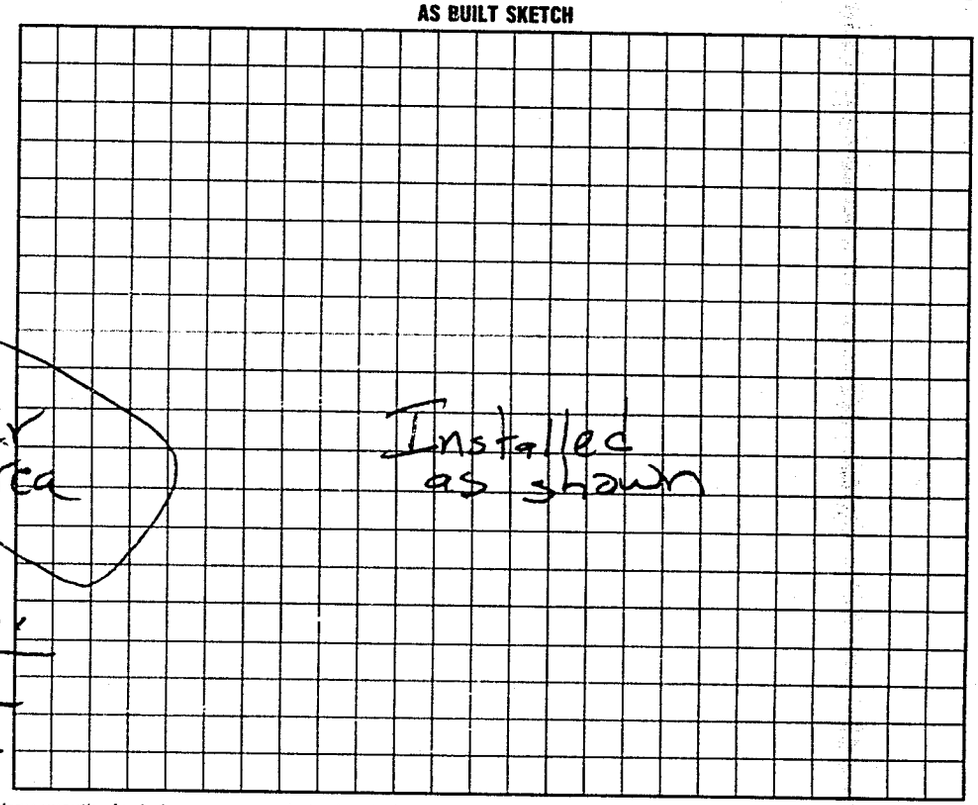
Soft ball Field

Comments:

INITIAL SITE SKETCH



AS BUILT SKETCH



I understand that this 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.

Signed: X George W Harkins

Improvement Permit by: L. C. Moore date 8-2-96

Existing System Inspection by: L. C. Moore date 8-2-96

Installed by: Tommy Frye

Certificate of Completion by: _____ date _____

Operation Permit by: M of C Off PS date 8-18-98

Authorization to Construct

WHITE - HEALTH DEPT. COPY INSPECTION COPY (FINAL) GREEN OWNER COPY (FINAL) YELLOW INSPECTION COPY (INITIAL) PINK OWNER COPY (INITIAL) GOLD

To Const Expires 2 years from issue date