IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 108831 PIN# 4777-62-4484 DATE 9-27-02

OWNER OR CONTRACTOR CHESTNUT GROVE BAPTIST CHURCH / FDF BLDRS Business _____ Home 704-872-5849

ADDRESS 549 OLD MOCKSVILLE RD STATESVILLE NC 28625

LOCATION NORTH OLD MOCKSVILLE RD, (R) COOL SPRINGS RD, ON LEFT AFTER OLD CHESTNUT GROVE BAPTIST CHURCH

SUBDIVISION _____ BLOCK / SECTION _____ LOT _____ LOT AREA 9.90 AC SITE CLASS. PS DESIGN FLOW 430 Gal/day T.A.R. .3

MINIMUM TANK SIZES

Septic Tank: ~~2174 3000~~ Gallons; STB 64/180 Date ~~8/26/96~~ 11-03 ☒ New System ☐ Repair System Type: I, II, (III), IV, V, VI

Pump Tank: ~~2174 2500~~ Gallons; PT 96 Date 8-27-99 System Description: PUMP/PRES. MANIFOLD/CONV

Pump Make: ~~ENVIROS~~ ENVIROS Model WE1012H Serial No J0357783 Repair System Description: PUMP/PRES MANIF/2540 GPD

Nitrification Field: No Fields 1 Square Feet 4766.66' Linear Feet 1588.88' Maintenance Agreement Required: ☐ Yes ☒ No

No Lines 12 x 133' Trench Width 36'' Max Trench Bottom Depth 36'' Gravel Depth 12''

☐ House/Mod. Home No. Bedrooms ____
☐ Mobile Home No. Bathrooms ____
☐ Business No. Employees ____
☒ Other CHURCH 286 SEATS

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

Water Supply: ☐ Individual ☒ Public ☐ Community

Comments/Conditions: (1) NOTE THE MINIMUM TANK SIZES (2) INSTALL LINES ON CONTOURS. SYSTEM IS ENTIRELY FLAGGED OUT (3) CALL PRIOR TO INSTALLATION FOR PUMP SIZING & PRESSURE

Comments/Conditions: MANIFOLD DESIGN (4) BASEMENT TO DAYLIGHT END MOST REMAIN AT ORIGINAL GRADE, (5) INSTALL 12 LINES at 133 FEET LONG.

INITIAL SITE SKETCH

FOR SEPTIC DIAGRAM / SEE ATTACHED

AS BUILT SKETCH

SEPTIC TANK WITH A-300 BABCO FILTER INSTALLED. DRAINLINES INSPECTED 10-16-03

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: Clyde Teague date _____ Installed by: DAVID YOUNTZ

Improvement Permit by: [signature] RS date 9-27-02 Operation Permit by: STEVE HENDRICK date 11-21-03

Authorization to Construct by: [signature] RS date 9-27-02 Existing System Inspection by: _____ date _____

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

PERMIT # = 108831
PIN # = 4777-62-4484

