IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 149823 PIN# 4737133231 DATE 5-1-08

OWNER OR APPLICANT Cool Spring Church Christ PHONE: Business _____ Home 704-682-1754

ADDRESS 543 Cool Spring Rd Statesville

LOCATION Old Mocksville Highway @ Cool Spring 543 Cool Spring

SUBDIVISION _____ BLOCK / SECTION _____ LOT _____ LOT AREA 1.98 SITE CLASS B DESIGN FLOW 180 L.T.A.R. _____

Septic Tank 1500 Gallons; STB _____ Date _____

Pump Tank: _____ Gallons; PT _____ Date _____

Pump Make: _____ Model _____ Serial No. _____

Nitrification Field: No Fields ___ Square Feet 800 Linear Feet 200

No Lines 2 Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth _____

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

System Description: Gravity - Curtain

Repair System Description: Gravity - 25%

Maintenance Agreement Required: ☐ Yes ☐ No

☐ Gravity ☐ Pressure

☐ House/Mod. Home No. Bedrooms ___

☐ Mobile Home No. Persons ___

☐ Business No. Employees ___

☑ Other Church - 60 people

Water Supply: ☐ Individual ☐ Public ☐ Community

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

Comments/Conditions:

Comments/Conditions:

gate

Drive

INITIAL SITE SKETCH

Cool Spring Rd

AS BUILT SKETCH

Curtain

Existing House

Stump

Ramp

60

Repair

sh

252

180

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: Kelly Cox date 5-1-08

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