

Martin-Tyrrell-Washington District Health Department

AUTHORIZATION FOR CONNECTION

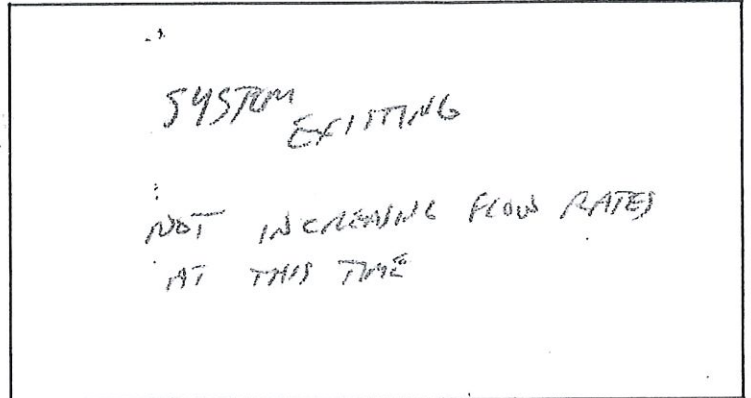
Permit No. 1789

Owner or Contractor FAMILY WORSHIP CENTER County MARTIN

Address PO BOX 296 / JAMESVILLE Location 2100 OLD HWY 64 IN DANFORD'S

This is to certify that a sewage disposal system exists at the site, has been inspected this date, and is approved for connection.

Due to the many variable factors affecting the operation of this type system, no guarantee can be made as to the length of satisfactory service your sewerage system will give you.



Date 10/8/08

BEACON NO. M108-5856

Spencer E. Bay
Environmental Health Specialist
MTW District Health Department

MARTIN-TYRRELL-WASHINGTON DISTRICT HEALTH DEPARTMENT

Wastewater Permit Application

1-888-388-9208

**** INCOMPLETE APPLICATIONS WILL NOT BE PROCESSED ****

**** A SITE PLAN MUST BE SUBMITTED WITH THIS APPLICATION ****

****Permits are subject to revocation if information on application is falsified or if site plan or intended use changes****

****Permits valid for 60 months with site plan or without expiration with proper plan****

() = Place a (/) mark prior to each item that applies.

Applicant: Family Worship Center Owner: Buddy Harris

Current Mailing Address: PO Box 296 Current Mailing Address: 4525 VOA Rd

City, State, and Zip: Jamesville NC 27846 City, State, and Zip: Washington NC 27889

Phone #: 252-402-5640 Phone #: 252-946-3991

Site Location: 2100 Old US Hwy 64 Turn onto Old US Hwy 64 in front of Mackey's Peanuts
Street Address/Lot # Directions to Site Go approx 1/2 mile church is on right (white in color)

Lot Size 4.78 acres

Type of Facility:

Residence: () House () Mobile Home Church

Maximum Number of Bedrooms _____ Maximum Number of Occupants 75

() Business Type of Business Church

Maximum Number of Employees _____ Maximum Number of Seats 75 Business Sq. Ft. _____
Existing 1800 sq ft proposed addition 1200 sq ft

Water Supply: () New Well (X) Existing Well () Public/County

Total of 3000 sq ft

Septic Services

() Site Evaluation - \$200

() Repair Visit/Permit - Free

() Return/Re-evaluation - \$50

(X) Existing System Inspection - \$50

Name and Date Original System Permitted _____

(X) Expansion of existing system - \$100 plus cost of permits if approved

Name and Date Original System Permitted _____

Septic Permits

() Improvement/Authorization Permits - \$65

() Operation Permits for Type IV and V system - \$150/\$200

() Rewrite Permit - \$50

Indicate Desired System Type: (mark all that apply)

(X) Any approvable system () Conventional () Modified Conventional. () Innovative

Please answer Yes or No to the following questions:

NO Does the site contain any previously identified jurisdictional wetlands?

NO Any wastewater generated other than domestic sewage?

NO Is the site subject to approval by any other public agency?

If yes, submit supporting documentation.

I hereby grant county and state officials permission to enter the property to conduct the services requested. I certify the information submitted is true, correct and complete. I will notify anyone receiving a permit, of all conditions and terms of the permit and the type of system that is required on the property.

Applicant Signature [Signature] Date Oct 1, 08

() Mail Permit (X) Pick-up Permit () Call before going to lot: Phone # 252-714-9462

AMOUNT PAID: _____ CHECK #: _____ CASH: _____ RECEIPT #: _____

AMOUNT PAID: _____ CHECK #: _____ CASH: _____ RECEIPT #: _____

CLERK SIGNATURE: _____ DATE: _____

CLERK SIGNATURE: _____ DATE: _____

MARTIN COUNTY CENTER
210 WEST LIBERTY ST.
WILLIAMSTON, N. C. 27892
252-793-1626 - PHONE
252-793-1644 - FAX

TYRRELL COUNTY CENTER
408 BRIDGE ST.
COLUMBIA, N. C. 27925
252-793-1760 - PHONE
252-766-3376 - FAX

WASHINGTON COUNTY CENTER
198 NC HWY. 45 NORTH
PLYMOUTH, N. C. 27962
252-791-3107 - PHONE
252-791-3108 - FAX

SITE PLAN

****An example of a site plan is available to assist you in drawing this site plan.****

NAME Family Worship Center

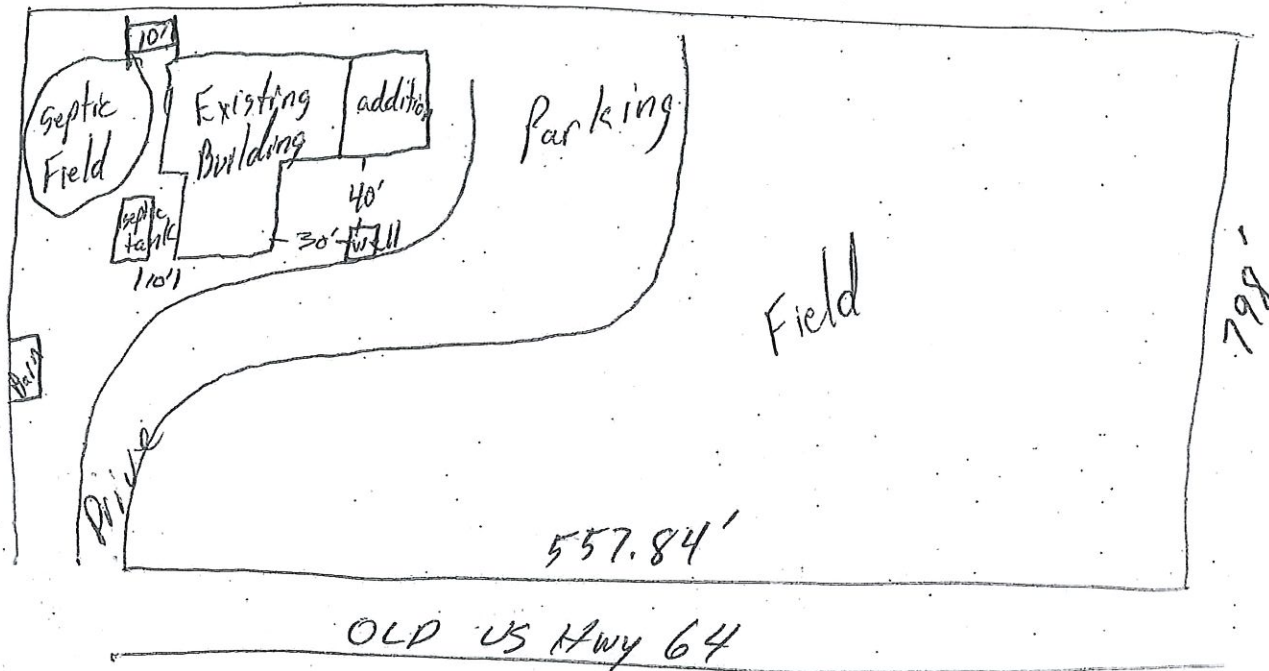
ADDRESS 2100 OLD US HWY 64 Janesville NC 27846

SITE LOCATION _____

****YOU ARE REQUIRED TO DRAW AND LOCATE THE FOLLOWING ON THIS SITE PLAN****

- ☒ The size and dimensions of the property.
- ☒ The proposed location and dimension of all structures (house, proposed septic area, wells, water lines, outbuildings, pools, decks and drives).
- ☒ The distance of the structures and the proposed septic area from the property lines.
- ☐ The location of any existing septic systems and wells on this property and on the adjoining properties.
- ☐ Location of any below ground chemical or petroleum storage tanks on the property.
- ☐ Location of any landfills, waste storage and underground contamination on this property.
- ☐ Any easements or right of ways shall be identified.
- ☐ All property lines, corners and structures shall be marked and the site made accessible, as deemed by the Health Department, prior to the evaluation.

Draw in this area



I hereby grant county and state officials permission to enter the property to conduct the services requested. I certify the information submitted is true, correct and complete. I understand that I am solely responsible for the proper identification and location of all the items required on this site plan.

Lynda R. Harris
Signature of Owner or Owner's Legal Representative

Oct 1, 2008
Date