# IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 228065

PIN # 3785710245

## SEPTIC IMPROVEMENT PERMIT / AUTHORIZATION TO CONSTRUCT / OPERATION PERMIT / EXISTING SYSTEM

APPLICANT/OWNER: ~~Shirley Huffman~~ APPLICANT ADDRESS: 339 Bolick RD Stony Point

SITE ADDRESS: 339 Bolick RD Stony Point PHONE: 7045856931 ALT. PHONE ~

SITE DIRECTIONS: I-40 W/R on Old Mtn/L on New Sterling/R Linder/Right on Bolick SAP CONTROLLED: ☐ YES ☒ NO

SUBDIVISION: ~ SECTION: ~ LOT # ~ LOT AREA: 1.87 Acres DESIGN FLOW: Ext-360 L.T.A.R.: Ext

Septic Tank 1000 (gal) STB T60 Date 5-2-17 ☐ New System ☒ Repair ☐ Expansion System Type: I (II) III IV V VI

Pump Tank (gal) PT Date System Description: Septic tank Replacement

Pump Make Model Serial # Repair System Description: ~

# Nitrification Fields Ext # Lines ~~EST~~ Linear Ft ~~EST~~ Maintenance Agreement Required: ☐ YES ☒ NO

Trench Width Ext Trench Bottom Depth(Low side) Ext Gravel Depth Ext ☒ GRAVITY ☐ PRESSURE

☒ Residence No. Bedrooms 3 Water Supply

☐ Business No. Persons 6 ☒ Private

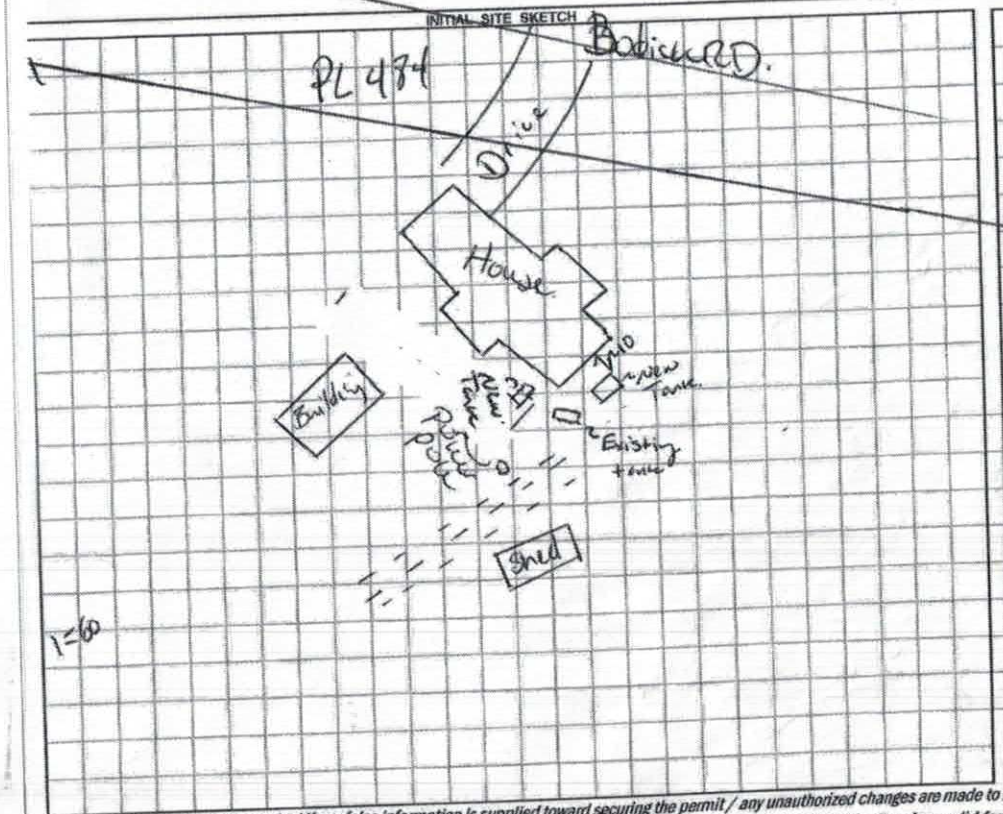
☐ Other No. Employees ☐ Public

☐ Slab ☒ Crawl Space ☐ Community

☐ Basement w/plumbing ☐ Basement w/o plumbing

Comments / Conditions: New Septic tank can be placed in either desired location. Maintain 10 ft from house if possible. - Replace D-Box if necessary * Crush, fill or haul existing septic tank. Note: Bad toilet leak, installer Shut off water, drainfield was Saturated.

INITIAL SITE SKETCH




AS BUILT SKETCH

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. CONTACT A LOCATOR SERVICE PRIOR TO ANY EXCAVATION

☐ IMPROVEMENT PERMIT *with plat* valid without expiration. ☒ IMPROVEMENT PERMIT *with site plan* valid for 60 mos. ☒ AUTHORIZATION TO CONSTRUCT valid for period equal to IMPROVEMENT PERMIT--not to exceed 60 mo.

Owner / Applicant Signature: Date: 06/29/2017 Installed by: Lent A Septics

IMPROVEMENT PERMIT by: Benjamin A. Baldwin Date: 6/27/2017 OPERATION PERMIT by: Maria Dotson RS Date: 7/5/17

AUTHORIZATION TO CONSTRUCT by: Benjamin A. Baldwin Date: 6/27/2017 Existing System Inspected by: Date:

228065

# IREDELL COUNTY HEALTH DEPARTMENT *ENVIRONMENTAL HEALTH DIVISION*

*(THE ABOVE PERMIT DOCUMENTS WILL BECOME INVALID IF INFORMATION PROVIDED ON THIS APPLICATION IS FALSIFIED OR CHANGED, OR IF THE SITE IS ALTERED. THE IMPROVEMENT PERMIT IS VALID FOR EITHER 60 MONTHS OR WITHOUT EXPIRATION DEPENDING UPON DOCUMENTATION SUBMITTED - APPLICATION WITH SITE PLAN 60 MONTHS, APPLICATION WITH COMPLETE, SCALED PLAT WITHOUT EXPIRATION. SEE 15A NCAC 18A .1937(f) FOR DETAILS)*

1. APPLICATION FOR: ___Improvement Permit ___Authorization To Construct ___Existing System Inspection

2. Page 2: *Site Plan Worksheet* Form MUST Accompany This Application
The following optional attachments may also be submitted: ___Survey Plat, Scaled no more than 1 Inch = 60 Feet
*Place check ( ) beside whichever is submitted if applicable* ___Custom Site Plan, Scaled no more than 1 Inch = 60 Feet

3. Applicant Information:

| Applicant Name | Mailing Address | Home Phone # | Alternate Phone # |
|---|---|---|---|
| Shirley Heffernan | 339 Bolick Rd. Stony Point | 704 5856931 | |

| Owner Name | Mailing Address | Home Phone # | Alternate Phone # |
|---|---|---|---|
| | | | |

4. Property Information:

339 Bolick Rd. Stony Point — Street Address; Subdivision Name; Section/Phase and Lot Number

Driving Directions: 40 West - Right Old Mt - Left New Sterling Rd. - Right Linder - Right Bolick - Double Wide on Left white with Brown Trim

5. RESIDENTIAL Site Development Information: *(Check or Complete ALL that apply)*

( ) New, Single Family Residence
( ) New, Multi-Family Residence
( ) Expansion of Existing Septic System
(X) Repair To Failing Septic System due to Lid is Broke, Failing drain field
( ) Other

Maximum Number of Bedrooms ___
Maximum Number of Occupants ___
If Expansion, Current Number of Bedrooms ___

( ) Crawl Space Foundation?
( ) Concrete Slab Foundation?
( ) Basement w/Plumbing?
( ) Basement w/out Plumbing?

IF Non-Residential Site Development:
Type of Business
Square Footage of Building
Maximum Number of Employees
Maximum Number of Seats

6. Proposed Water Supply:

( ) New Well (X) Existing Well ( ) Community Well ( ) City Water ( ) Other Public Water

7. Desired Septic System Type: *(You may rank in order of preference, if any)* ( ) EXISTING SYSTEM installed ____ *Year*

( ) Alternative ( ) Conventional ( ) Innovative ( ) Modified Conventional ( ) Other_____

8. Please Answer The Following ( ) Yes (X) No Does the site contain any jurisdictional wetlands?
To The Best of Your Ability: ( ) Yes ( ) No Is any non-domestic sewage (i.e. industry) to be generated?
( ) Yes ( ) No Is the site subject to approval by any other public agency?

I have read this application and certify that the information provided herein is true, complete, and correct. Authorized county and state officials are granted right of entry to conduct necessary inspections to determine compliance with applicable laws and rules. I understand that I am solely responsible for the proper identification and labeling of all property lines and corners and making the site accessible so that a complete site evaluation can be performed.

9. Signature: Shirley Heffernan
Property owner or owner's legal representative signature (SIGNATURE REQUIRED)

June 20 2017
DATE

## IREDELL COUNTY HEALTH DEPARTMENT *ENVIRONMENTAL HEALTH DIVISION*:

## *SITE PLAN WORKSHEET*

**SEE THE "SAMPLE SITE PLAN" BELOW.** ***INCOMPLETE SITE PLANS WILL BE RETURNED TO YOU FOR COMPLETION AND MAY RESULT IN A DELAY IN THE ISSUANCE OF YOUR SEPTIC SYSTEM PERMIT!!!***

**Place an (X) beside each item as you complete the site plan:**

**X Property Line measurements are clearly identified...** **____ All proposed structures are indicated...**

***SHOW: proposed house or business footprint, wells, water lines, patios, pools and decks, and any other item that will occupy space on the site***

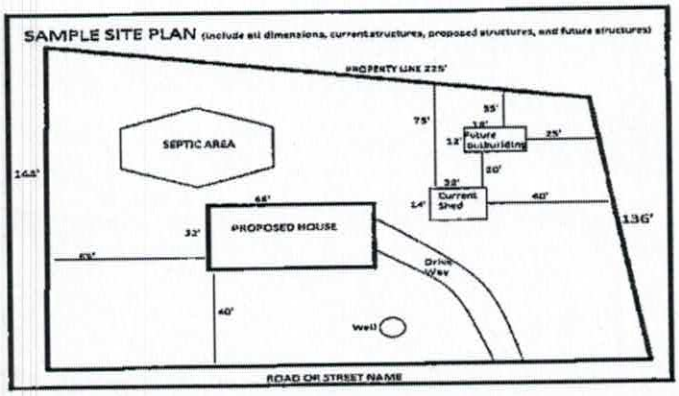
**____ Front and side setbacks from property line...** **____ Preferred driveway location and configuration, preferred well location...**

**____ Area you prefer your septic system to be placed...** **X North arrow, or other sufficient indicator of direction...**

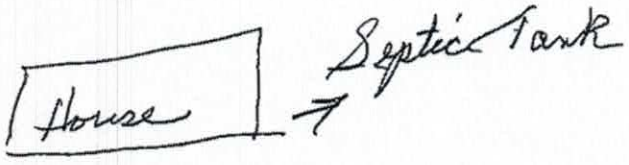
**Circle N/A on the following if appropriate:**

**X Location of septic systems and wells within 100' of your property... N/A**

**____ Location of easements and rights of ways on your property... N/A** **____ Location of any designated wetlands on the property... N/A**




**USE THIS SPACE TO DRAW YOUR SITE PLAN**




**Signature:** Shirley Huffman
*REQUIRED* property owner or owner's legal representative signature.

June 10 2017
DATE

## IREDELL COUNTY HEALTH DEPARTMENT

(SEPTIC TANK) IMPROVEMENTS PERMIT AND CERTIFICATE OF COMPLETION
(Ground Absorption Sewage Disposal System – G. S. Chapter 130-Article 13C)

OWNER OR CONTRACTOR Shirley Huffman DATE 6/28/77 PERMIT NO. _____

PHONE: Business _____ Home _____

LOCATION Old Mountain Rd. Above Bradford's X Rd. T.L. New Sterling Ch. Rd #1526. T.R. #1527 - T.R. 1532 .5 of 1 mile Trailer on L - S. R. No. _____

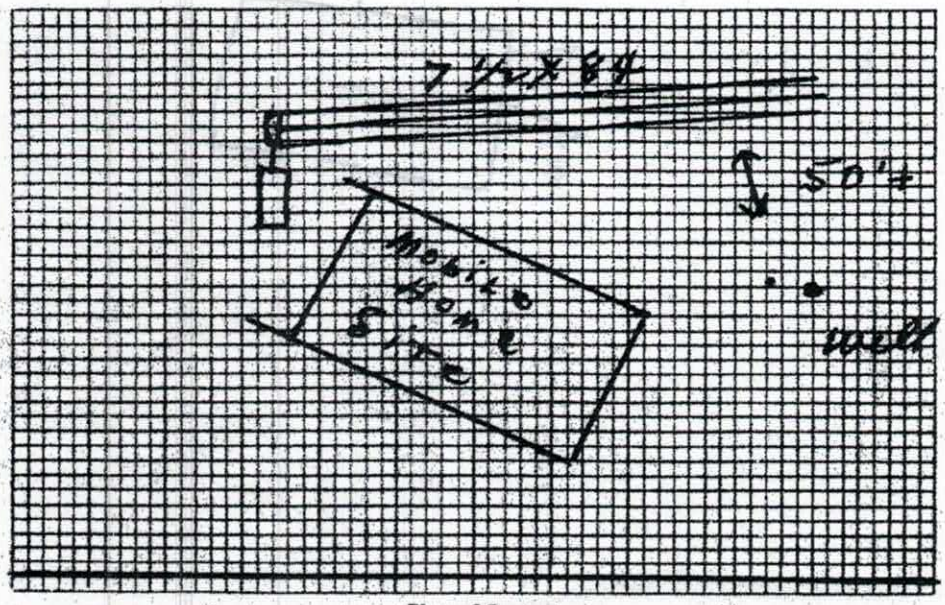
SUBDIVISION NAME _____ LOT NO. _____ SECTION OR BLOCK NO. _____

House ( ) Mobile Home (✓) Business ( ) Other _____

No. Bedrooms 3 No. Bathrooms 2

Garbage Disposal Unit Yes ( ) No (✓)
Auto. Dishwasher Yes ( ) No (✓)
Auto. Wash. Machine Yes (✓) No ( )
Site Suitable Yes (✓) No ( )
Lot Area Acreage

Character & Porosity of Soil Red Clay
Percolation Rate _____
Topography Slope to back of lot Low
Depth to Water Table _____
Rock or other impervious formations Rock in Tank hole None in line




Plot of System

Size of Tank 1000 Gals.
Nitrification Field:
No. of Lines 3
Sq. Ft. 625 Linear Ft. 250
Depth of Stone in Lines 10"
Water Supply: Individual (✓)
Public ( )

Installed by Hanks Lackey

IMPROVEMENTS PERMIT BY _____

COMMENTS: Mobile Home Not on lot at time of inspection

CERTIFICATE OF COMPLETION BY E. A. Stevenson DATE _____

CONSTRUCTION MUST COMPLY WITH ALL OTHER APPLICABLE STATE AND LOCAL REGULATIONS.

Health Dept. Copy: White Inspection Dept. Copy: Yellow Sanitarian's Copy: Pink Owner's Copy: Gold