IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 2193562180

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

PIN # 4627-40-8333

APPLICANT: VANDALAY LLC. APPLICANT ADDRESS: 162 DIGH CIR.

SITE ADDRESS: 130 LOCHFOOT Ln - Mrsvl. PHONE: 336-902-1502 ALT. PHONE:

SITE DIRECTIONS: BSR, MCKENDREE, TR DIGH, TR LOCHFOOT

SUBDIVISION: CLET SECTION: 8 LOT # 399 LOT AREA: .91 AC DESIGN FLOW: 480 L.T.A.R.: .3

Septic Tank EX (gal) STB Date

Pump Tank EX (gal) PT Date

Pump Make GOULDS Model WE1012HU Serial # 1HP

Nitrification Fields 1 # Lines 6 Linear Ft: 278'

Trench Width 24" Max. Trench Bottom Depth 36" Gravel Depth —

☐ New System ☒ Repair ☐ Expansion System Type: I II III (IV) V VI

System Description:

Repair System Description: LP- PANEL BLOCK

Maintenance Agreement Required: ☒ YES ☐ NO

☐ GRAVITY ☒ PRESSURE

☒ Residence No. Bedrooms 4

☐ Business No. Persons

☐ Other No. Employees

☐ Slab ☒ Crawl Space

☐ Basement w/plumbing ☐ Basement w/o plumbing

Water Supply: ☒ Private ☐ Public ☐ Community

Comments / Conditions: SIM TECH FILTER MUST BE INSTALLED
PUMP MAY NEED TO BE CHANGED TO PRESURIZE SYSTEM

INITIAL SITE SKETCH

SEE ATTACHED DRAWING

AS BUILT SKETCH

CHECKED TANKS, LINES, PH (2'), ALARM
6-15-16 BA

	Date	Initials
Drain Lines Checked	6-15-16	BA
Tanks Checked		BA
Pressure Manifold or Valve Box Checked		BA
Pressure Head Set		BA
Electrical Checked	10/12/17	MD
Floats Set	6-15	BA
Alarm Checked	6-15	BA
Maintenance Contract Y / N	10/20	MD
Comments:		

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: Kathleen Saunders Date: 6/8/16

IMPROVEMENT PERMIT by: APPROVED Date: JUN 07 2016

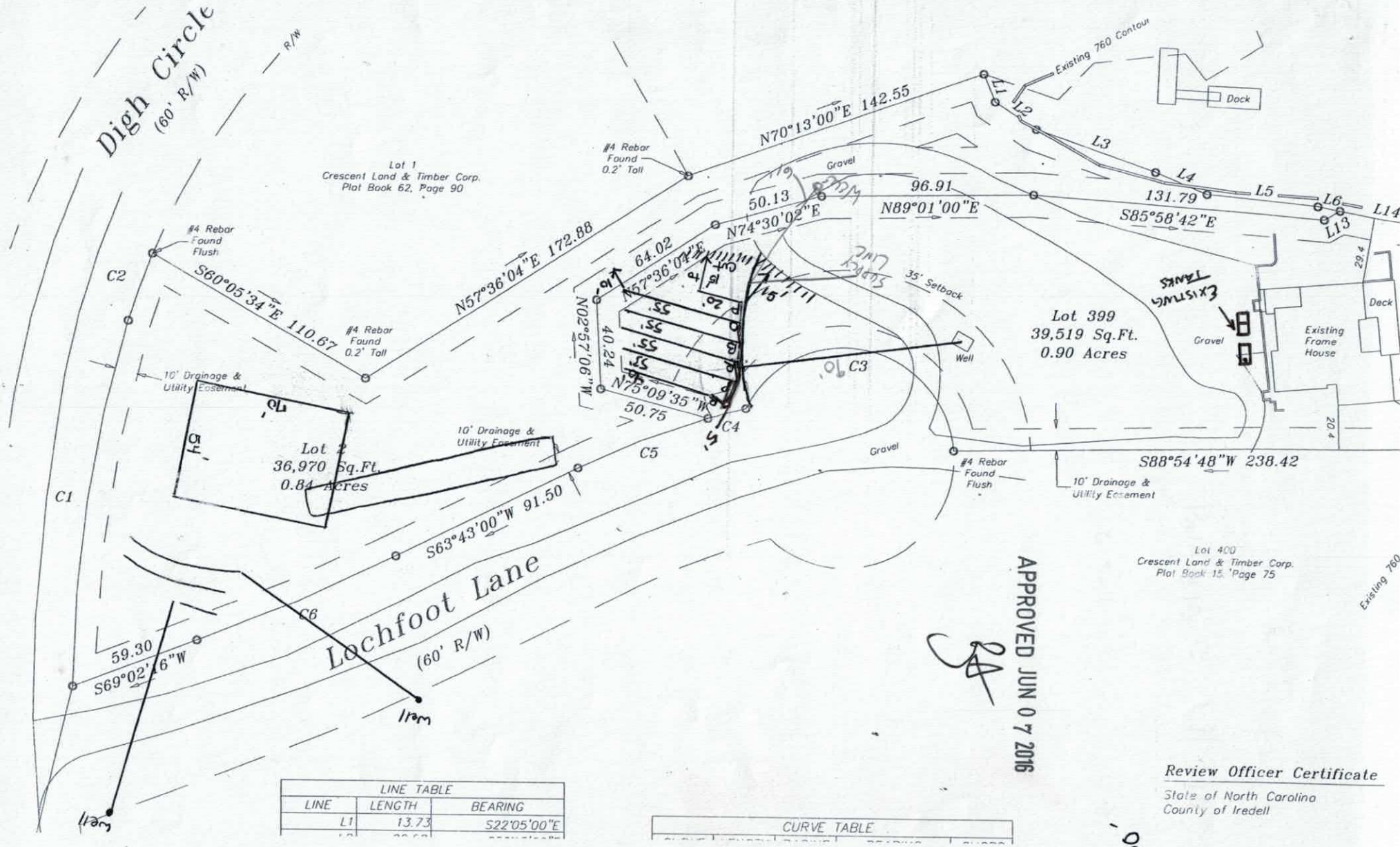
AUTHORIZATION TO CONSTRUCT by: APPROVED Date: JUN 07 2016

Installed by: A-1

OPERATION PERMIT by: Maria Nelson Date: 10/20/17

Existing System Inspected by: Date:

Health Dept. Copy - WHITE Applicant (Final Approval) - YELLOW Applicant (Conditional Approval) - PINK



LINE TABLE		
LINE	LENGTH	BEARING
L1	13.73	S22°05'00"E

CURVE TABLE				

APPROVED JUN 07 2016

Review Officer Certificate

State of North Carolina
County of Iredell

1" = 60'

RECEIVED JUN 7 2016

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) Rpr Evaluation - No chg

1. **APPLICATION FOR:** ___Improvement Permit X Authorization To Construct ___ Existing System Inspection

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2. Page 2: *Site Plan Worksheet* Form MUST Accompany This Application Paid $150.00 #219356

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 X Custom Site Plan, Scaled no more than 1 Inch = 60 Feet

****

6-8-16

3. **Applicant Information:**

Applicant Name	Mailing Address	Home Phone #	Alternate Phone #
Vandalay, LLC	162 Digh Circle	336-902-1502	
Same			
Owner Name	**Mailing Address**	**Home Phone #**	**Alternate Phone #**

****

4. **Property Information:**

130 Lochfoot — Street Address; CL&T — Subdivision Name; Lot 399 — Section/Phase and Lot Number

Driving Directions: BSR, R McKendree, R Digh, R Lochfoot, at end on @ Left

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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 damage to illegal system
( ) Other

Maximum Number of Bedrooms 4
Maximum Number of Occupants 8
If Expansion, Current Number of Bedrooms ___

(X) 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

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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 To The Best of Your Ability:**
( ) Yes (X) No Does the site contain any jurisdictional wetlands?
( ) Yes (X) No Is any non-domestic sewage (i.e. industry) to be generated?
( ) Yes (X) 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:** Kathleen Saunders — Property owner or owner's legal representative signature (SIGNATURE REQUIRED)

6/7/16 — 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:

✓ 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

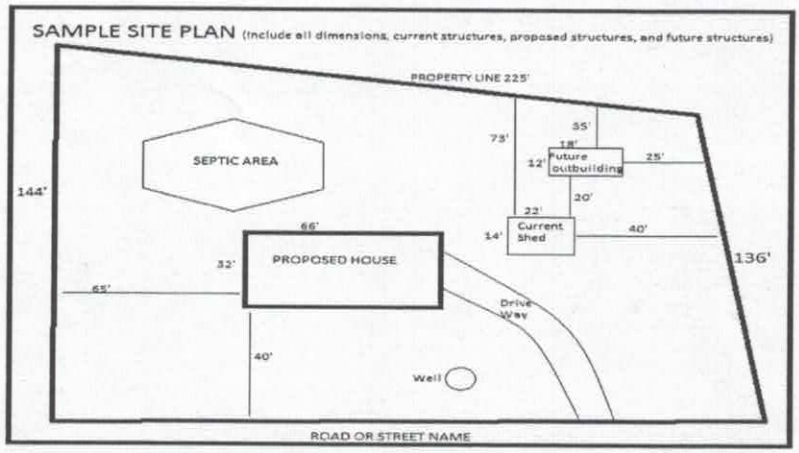
✓ Front and side setbacks from property line… **✓ Preferred driveway location and configuration, preferred well location…**

✓ Area you prefer your septic system to be placed… **✓ North arrow, or other sufficient indicator of direction…**

Circle N/A on the following if appropriate:

✓ 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

Please see Attached

Signature: Kathleen Saunders

REQUIRED **property owner or owner's legal representative signature.**

6/7/16

DATE