IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 — Mooresville Office (704) 660-3625

PERMIT # 224382

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

PIN # 4632 79 4007 7

APPLICANT: Phillip J. Walker

APPLICANT ADDRESS: 2334 Whilden Ct. Charlotte NC 28211

SITE ADDRESS: 378 Beaten Path Rd. Mooresville, NC PHONE: 704 364 8017 ALT. PHONE: 704 533-5333

SITE DIRECTIONS: Brawley School Rd TR Blume II Beaten Path Rd House on right Gray Siding ~1.1 miles

SUBDIVISION: Clay SECTION: 9 LOT # 95 LOT AREA: ~1 Ac DESIGN FLOW: 480 gpd L.T.A.R.:

Septic Tank Existing (gal) STB Date

Pump Tank (gal) PT Date

Pump Make Model Serial #

Nitrification Fields 1 # Lines 3 Linear Ft: 100'

Trench Width Existing 1½' Max. Trench Bottom Depth Gravel Depth 10"

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

System Description: Existing Gravity - Conventional

Repair System Description: Deeded prior to 1983

Maintenance Agreement Required: ☐ YES ☒ NO

☒ GRAVITY ☐ PRESSURE

☒ Residence No. Bedrooms 4*

☐ Business No. Persons 8

☐ Other No. Employees

☐ Slab ☒ Crawl Space

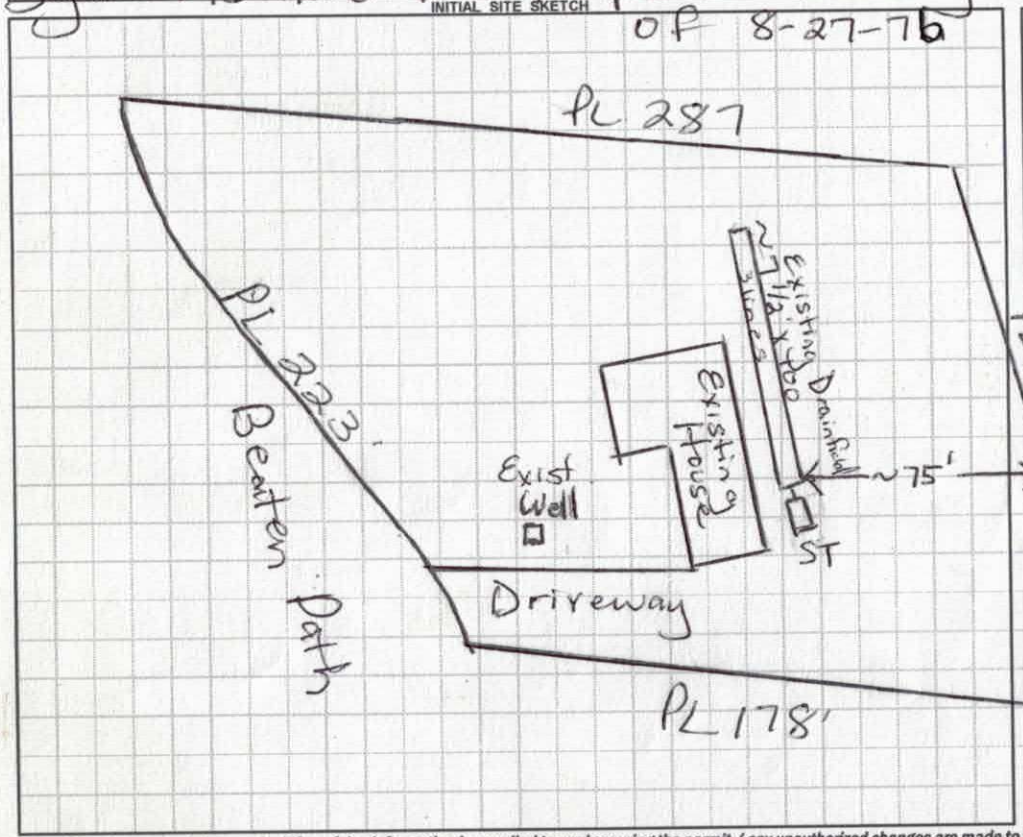
☐ Basement w/plumbing ☐ Basement w/o plumbing

Water Supply: ☒ Private ☐ Public ☐ Community

Comments / Conditions: Note: Existing Septic appears to be functioning ok. After site visit and probing Existing Septic, it appears that Septic System is more like the permit drawing of 8-27-76

* Exempt Sized for 4 Bedrooms on Septic Improvement permit dated 8-27-76

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: Phillip J. Walker Date: 02-22-2017 Installed by:

IMPROVEMENT PERMIT by: Date:

AUTHORIZATION TO CONSTRUCT by: Date:

OPERATION PERMIT by: Date:

Existing System Inspected by: Maria Dotson Date: 2/13/17

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

RECEIVED JAN 19 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)

#224382

1. APPLICATION FOR: ✓ Improvement Permit ✓ Authorization To Construct ___ Existing System Inspection

Paid $500.00

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 #
PHILLIP J. WALKER	2334 WHILDEN CT. CHARLOTTE NC 28211	704-364-8017	704-533-5333
Owner Name	**Mailing Address**	**Home Phone #**	**Alternate Phone #**
PHILLIP J. WALKER	2334 WHILDEN CT CHARLOTTE NC 28211	704-364-8017	704-533-5333

4. Property Information:

Street Address	Subdivision Name	Section/Phase and Lot Number
318 BEATEN PATH RD.	CLiST	S9 Lot 95

Driving Directions: BRAWLEY SCHOOL ROAD, TURN RIGHT ON BLUME RD, TURN LEFT ON BEATEN PATH RD. HOUSE IS ON THE RIGHT, 1.1 MILES FROM BLUME RD. GRAY SIDING SITS DOWN FROM THE ROAD. NO MAIL BOX

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

( ) New, Single Family Residence
( ) New, Multi-Family Residence
( ) Expansion of Existing Septic System
( ) Repair To Failing Septic System due to ___
(X) Other EXPANSION OF EXISTING SEPTIC SYSTEM TO MEET CODE FOR FOUR BED ROOM HOUSE

Maximum Number of Bedrooms 4
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 (✓) 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 1977 *Year*

( ) Alternative ( ) Conventional ( ) Innovative ( ) Modified Conventional ( ) Other___

8. Please Answer The Following To The Best of Your Ability:
( ) Yes (✓) No Does the site contain any jurisdictional wetlands?
( ) 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: Phillip J. Walker
Property owner or owner's legal representative signature (SIGNATURE REQUIRED)

January 19, 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:

_____ 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

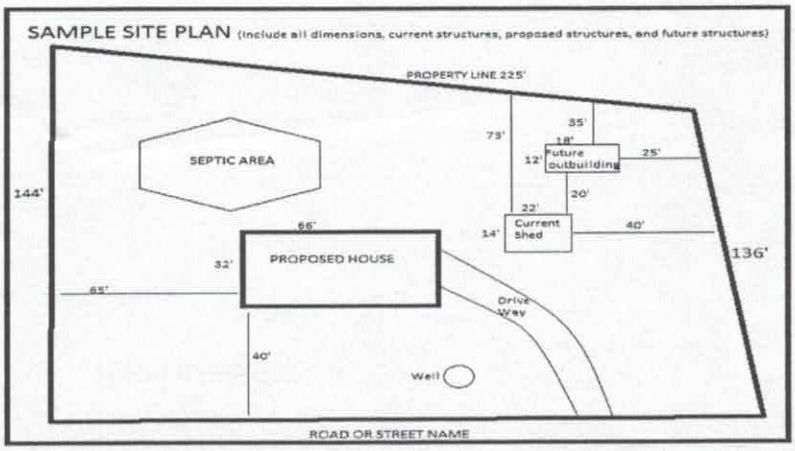
_____ Front and side setbacks from property line… **_____ Preferred driveway location and configuration, preferred well location…**

_____ 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

SEE ATTACHED

Signature: Phillip J Walker

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

January 19, 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 Gary Klutz DATE 2-23-21 PERMIT NO. 288

PHONE: Business _____ Home _____

LOCATION Hoc TR on 1174 TL on 1143 1st on Right S. R. No. _____

SUBDIVISION NAME _____ LOT NO. 15 SECTION OR BLOCK NO. 2

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

No. Bedrooms 4 No. Bathrooms 2.5

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

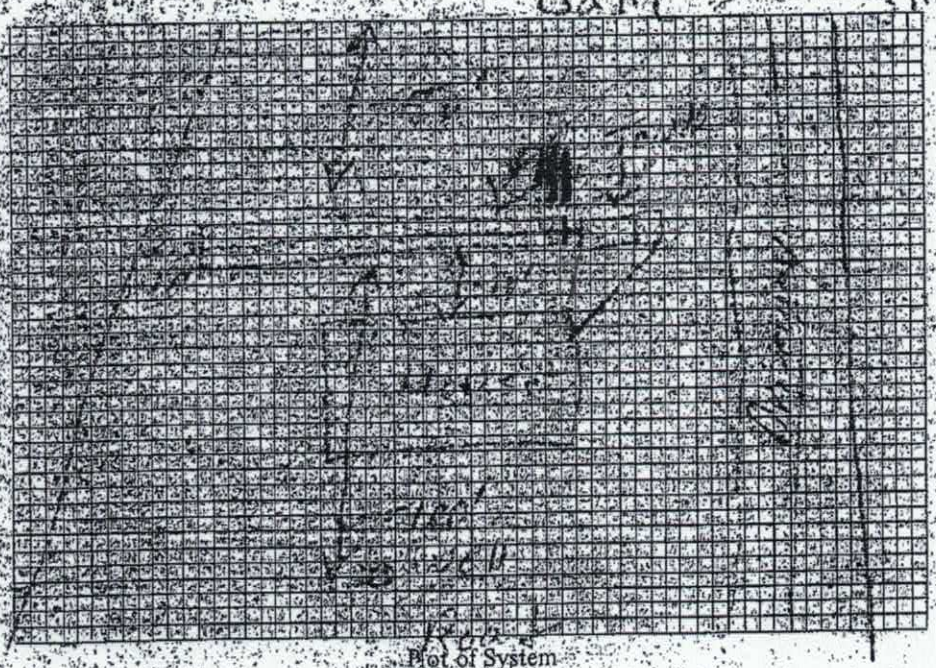
Lot Area 1 acre

Character & Porosity of Soil Clay loam Percolation Rate Soil type

Topography Drains to lake Depth to Water Table 20+ to lake

Rock or other impervious formations None

Lake ✓ Ditch ✓ Wet spots



Plot of System

Size of Tank 1500 Gals.

Nitrification Field:

No. of Lines 3

Sq. Ft. 1250 Linear Ft. 250

Depth of Stone in Lines 10

Water Supply: Individual (✓)

Public ( )

Installed by _____

ST

7ft from house end

16ft out to lake

Edge of Drainfield ~75ft from lake

IMPROVEMENTS PERMIT BY _____

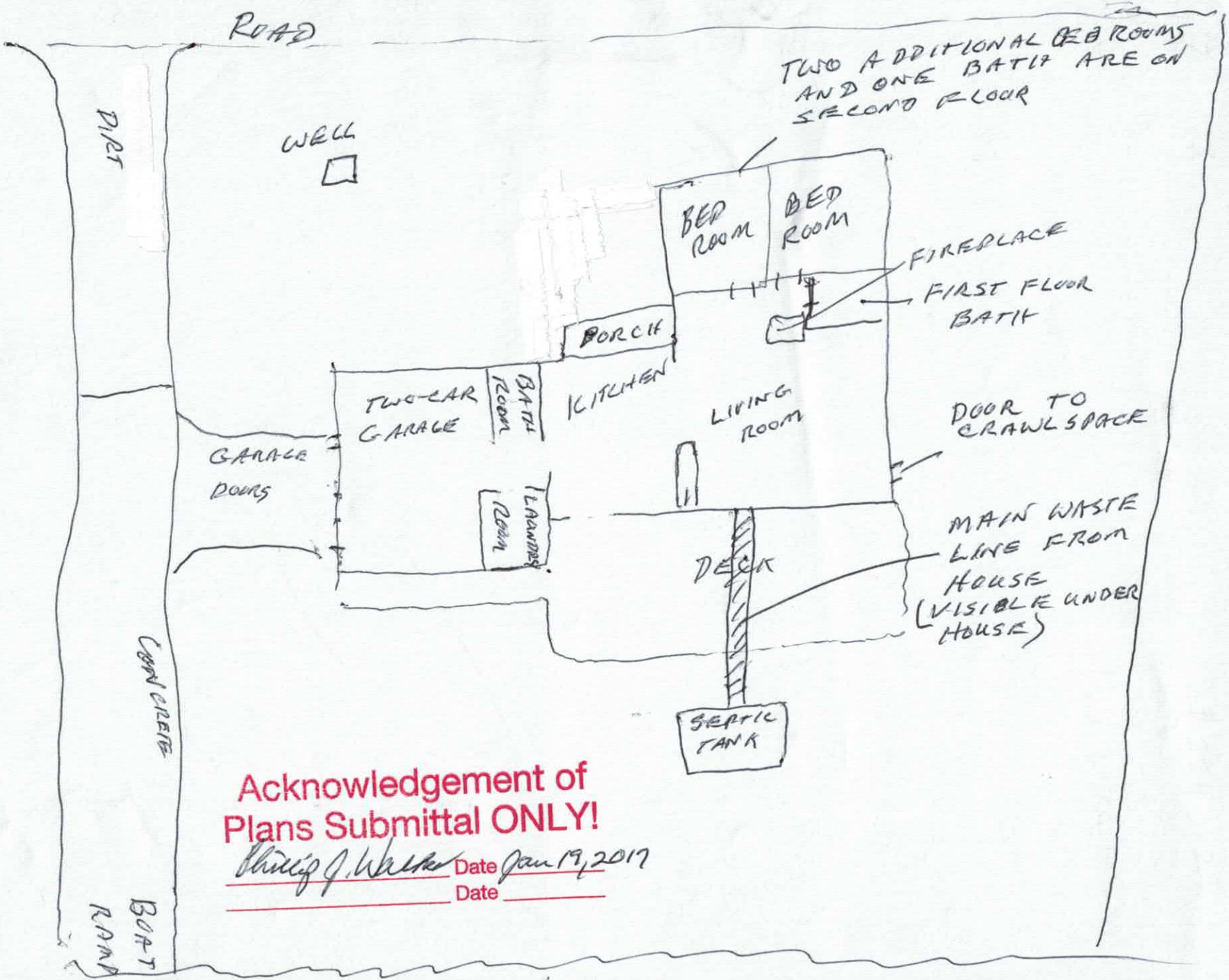
COMMENTS _____

CERTIFICATE OF COMPLETION BY _____ 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

378 BEATEN PATH RD.



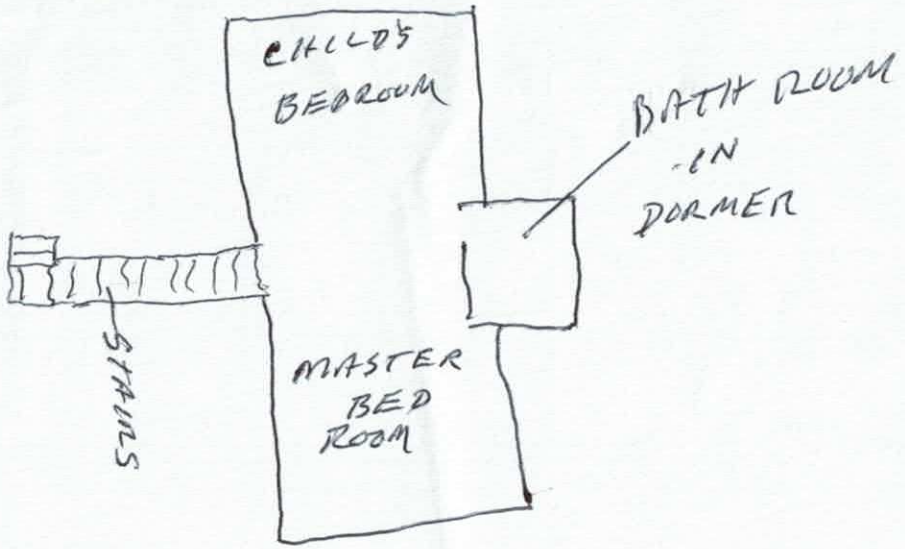
Acknowledgement of
Plans Submittal ONLY!

Phillip J. Walker Date Jan 19, 2017

_____ Date _____

378 BEATEN PATH RD

UPPER FLOOR



Acknowledgement of
Plans Submittal ONLY!

Phillip J. Walker Date January 19, 2017

_____ Date _____

Jan. 19, 2017 Phillip J. Walker LAKE