IREDELL COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION

FAST TRACK

Application for IMPROVEMENT PERMIT , AUTHORIZATION TO CONSTRUCT, or EXISTING SYSTEM INSPECTION

(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 ___ BOTH ___ 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: Call: Adrian Pruett @704-202-5791

Applicant Name	Mailing Address	Home Phone #	Alternate Phone #
Jim and Becky Karr	5517 Long Walk Dr Kernersville NC 27284		336-817-8903
Owner Name	Mailing Address	Home Phone #	Alternate Phone #
Same			

4. Property Information:

Street Address	Subdivision Name	Section/Phase and Lot Number
637 Stillwater Rd Trantham		S-17 Lot 49

Driving Directions: Morrison Farm Rd, Lt on Willow Point Rd, Lt on Stillwater Rd, Lot on Right past Pettit Ln

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 ___
( ) Other ___

Maximum Number of Bedrooms 3
Maximum Number of Occupants 6
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 in ___ *YEAR*

( ) Alternative (✓) Conventional ( ) Innovative ( ) Modified Conventional ( ) Other ___ ( ) No Preference

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: Adrian L Pruett — 3-2-12

Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

PAID MAR 2 2012
$350.00 Visa Reg A. Pruett
for Sep. Eval. cad

IREDELL COUNTY HEATLH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
PAGE 2: *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**

Signature: Chris L. Pruett — 3-2-12

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

USE THIS SPACE TO DRAW YOUR SITE PLAN

See Attached Site Plan.

IREDELL COUNTY HEALTH DEPARTMENT

STATESVILLE 704-878-5305 MOORESVILLE 704-664-6281

IMPROVEMENT PERMIT / CERTIFICATE OF COMPLETION / OPERATION PERMIT / EXISTING SYSTEM INSPECTION

PROPERTY DESCRIPTION NO: 2005 DATE: 7/21/95 TAX MAP NO: 3-2-A-49 Reserved ☐ Yes ☐ No

OWNER OR CONTRACTOR: Patsy T. Tysinger PHONE: Business Home 528-9937

ADDRESS: 833 Shiloh Rock Troutman NC

LOCATION: State Park Road, Left on Morrison Farm, L on Willow Point, L on Shiloh, L on R.

SUBDIVISION: CLT BLOCK/SECTION 17 LOT 49 LOT AREA 32.79 SITE CLASS FS DESIGN FLOW L.T.A.R.

Septic Tank: Gallons: STB Date
Pump Tank: Pump Rate: Pump Make: Model No.
Manifold Field: No. Fields: Square Feet: Linear Feet:
No. Lines: Trench Width: Max Trench Bottom Depth:

☐ New System ☐ Repair Existing Type: E, C, R, I, U
System Description: Conventional Gravity
Repair System Description: Conventional (Rep)
Maintenance Agreement Required: ☐ Yes ☐ No
Gravel Depth: ☐ Slab ☐ Crawl Space ☐ Basement w/plumbing ☐ Basement w/o plumbing

☐ House/Mod. Home No. Bedrooms
☐ Mobile Home No. Bathrooms
☐ Duplex No. Fixtures
Other: 2 Br Cabin

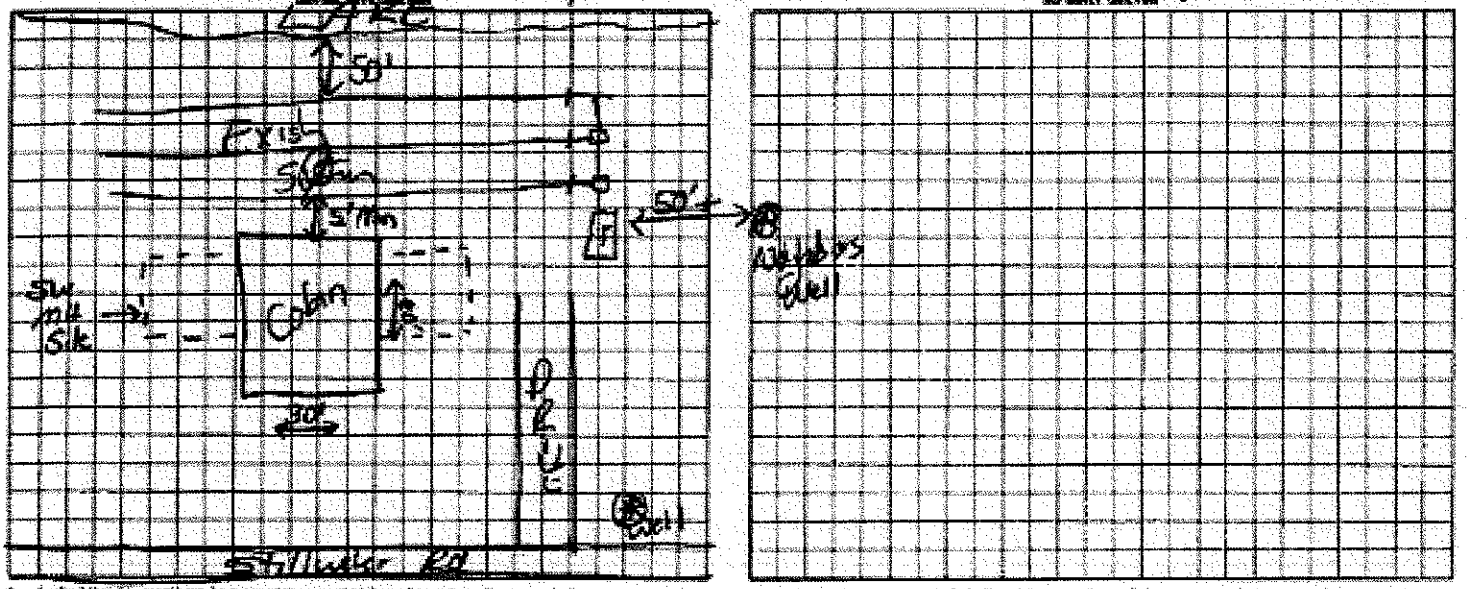
Water Supply: ☐ Individual ☐ Community ☐ Public

Comments: Small Cabin Replac 2 Br MH
Maintain 5' from all Parts of septic system

Comments: System Functioning Properly At Time of Inspection

INITIAL SITE SKETCH

AS BUILT SKETCH



I understand that this 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 is valid for 60 months from date of issuance.

Signed: Issued to:

Improvement Permit by: date

Existing System Inspection by: [signature] date 7/31/95

Certificate of Completion by: date

Operation Permit by: date

HEALTH DEPT. GREEN COPY — INSPECTION COPY (FINAL) WHITE — OWNER COPY (FINAL) YELLOW — INSPECTION COPY (INITIAL) PINK — OWNER COPY (INITIAL) GOLD