IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT # 226036

PIN # 4635289547

APPLICANT: Jennifer Albracht

APPLICANT ADDRESS: 107 Ivyridge Ct Mooresville NC

SITE ADDRESS: 107 Ivyridge Ct Mooresville NC

PHONE: 585-613-6160 ALT. PHONE: N/A

SITE DIRECTIONS: Brawley School rd T/L Isle of Pines T/R Waterford T/L Lake Pine T/L Ivyridge

SUBDIVISION: Pine Isle

SECTION: P2M2 LOT # 64 LOT AREA: 0.7 ac DESIGN FLOW: 480 L.T.A.R.: Ex

Septic Tank	1000	(gal)	STB	760	Date	2-23-17	☐ New System	☒ Repair	☐ Expansion	System Type: I II III IV V VI	
Pump Tank		(gal)	PT		Date		System Description:	Tank			
Pump Make		Model			Serial #		Repair System Description:				
# Nitrification Fields	Ex	# Lines	Ex		Linear Ft:	Ex	Maintenance Agreement Required:	☐ YES	☒ NO		
Trench Width	Ex	Max. Trench Bottom Depth		Ex	Gravel Depth	N/A		☒ GRAVITY	☐ PRESSURE		

☒ Residence ☐ Business ☐ Other ☐ Slab ☐ Basement w/plumbing

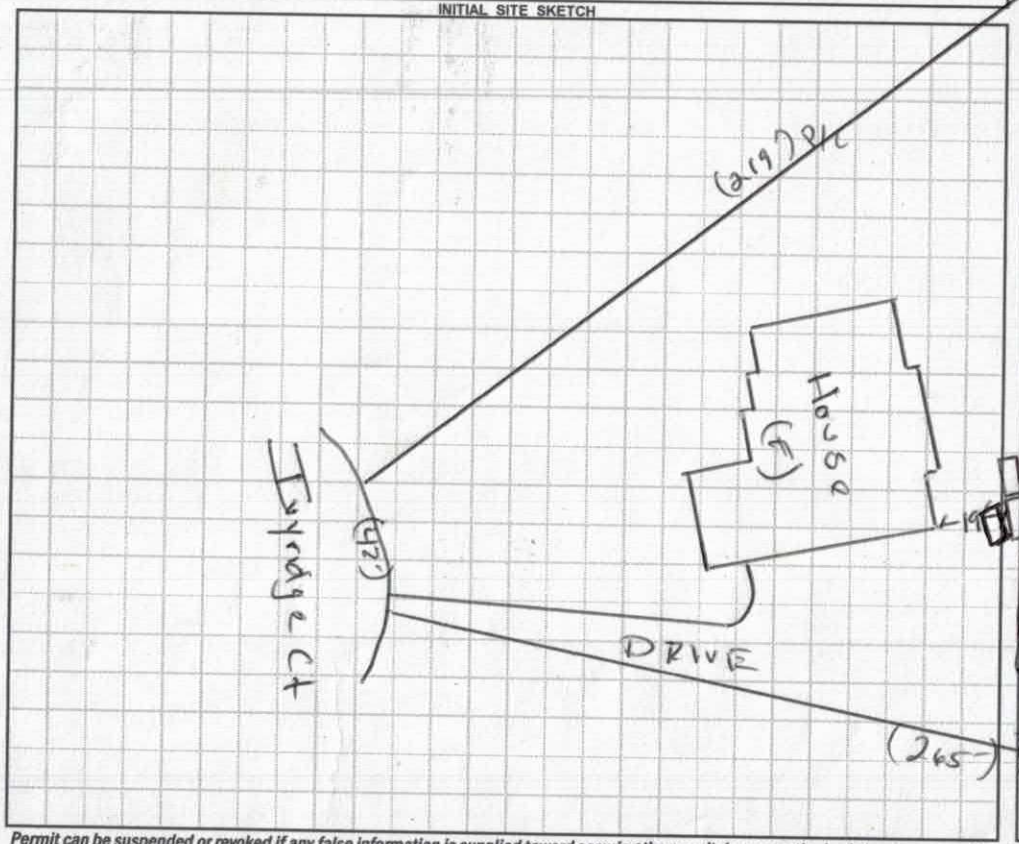
No. Bedrooms Ex No. Persons Ex No. Employees ☒ Crawl Space

Water Supply: ☐ Private ☐ Public ☒ Community

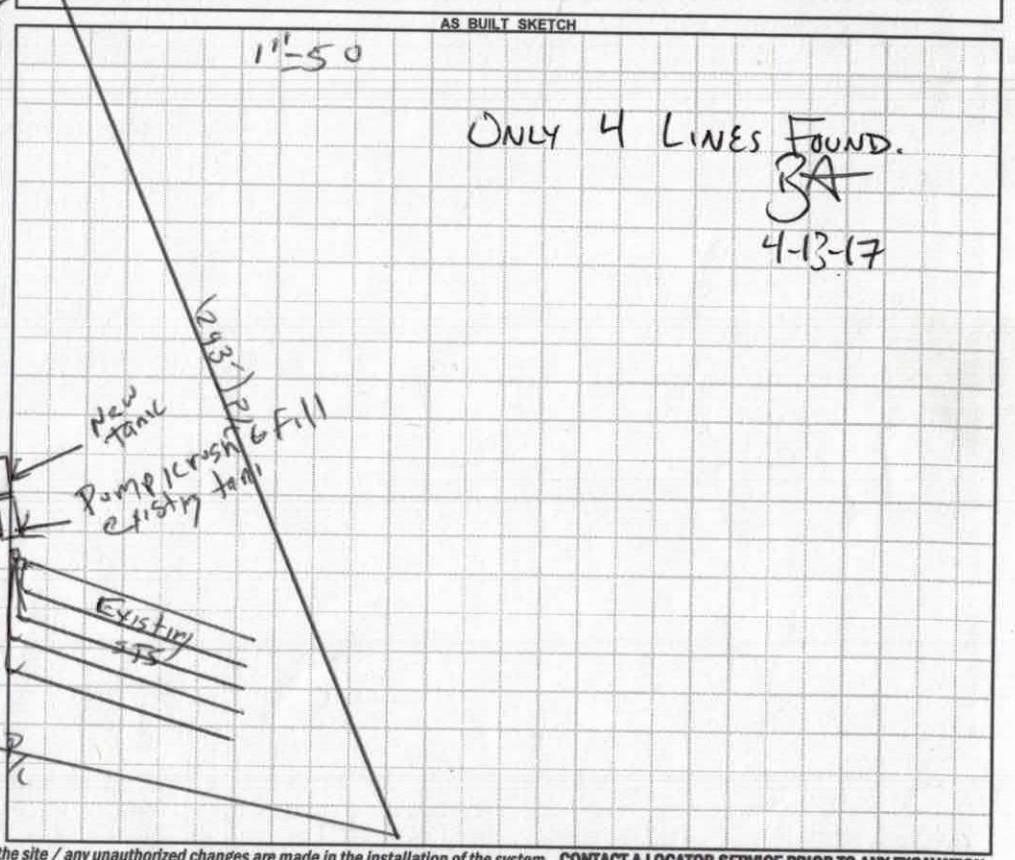
☐ Basement w/o plumbing

Comments / Conditions: Pump/crush+fill existing tank, maintain no greater than six inches of cover or use risers.

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: Jennifer Albracht Date: 04/03/17

IMPROVEMENT PERMIT by: Date: 04/03/17

AUTHORIZATION TO CONSTRUCT by: Date: 04/03/17

Installed by:

OPERATION PERMIT by: BA ENT 2 Date: 4-11-17

Existing System Inspected by: Date:

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

RECEIVED MAR 3 1 2017

REDELL COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
Application for SEPTIC REPAIR PERMIT

Repair Eval. No Chg
#226036

(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)

N/A

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:

Applicant Name	Mailing Address	Cell ~~Home~~ Phone #	Alternate Phone #
Jennifer Albrecht	107 Ivyridge ct	(585) 613-6160	N/A
"	"	"	
Owner Name	**Mailing Address**	**Home Phone #**	**Alternate Phone #**
			N/A

4. Property Information:

Street Address	Subdivision Name	Section/Phase and Lot Number
107 Ivyridge ct	Pine Isle	69

Driving Directions: _____

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 corrosion of existing tank (falling in)

Maximum Number of Bedrooms 4
Maximum Number of Occupants 2
If Expansion, Current Number of Bedrooms ___

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

( ) Other _____

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 ___ *Year*

( ) Alternative ( ) Conventional ( ) Innovative ( ) Modified Conventional ( ) Other _____

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.

★ See septic permit ★

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

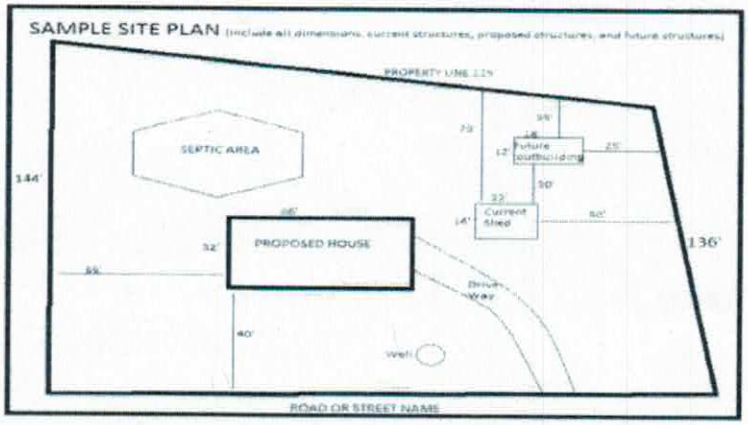
_____ Front and side setbacks from property line… **_____ Preferred driveway location and configuration, preferred well location…**

_____ 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

Signature: Jeff McAllister

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

3/31/2017

DATE

ENVIRONMENTAL HEALTH REQUIREMENTS for SEPTIC PERMITS

IREDELL COUNTY HEALTH DEPARTMENT

STATESVILLE 704-878-5305 MOORESVILLE 704-664-5281

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

PROPERTY DESCRIPTION NO. 17523 DATE Dec 9, '93 TAX MAP NO. 2623A69

OWNER OR CONTRACTOR MI Homes PHONE: Business Home Watershed: ☑ Yes ☐ No L.N.

ADDRESS 1043 E. Mapleleaf, Charlotte 4635-28-9547

LOCATION 110A TL 113 TR Waterford TL Highview TL Ivy Ridge at End

SUBDIVISION Pine Isle BLOCK / SECTION F LOT 69 LOT AREA 30,605 SF SITE CLASS B per 1996 DESIGN FLOW 480 gpd L.T.A.R. .03

Septic Tank: 1000 Gallons; STB 794 Nelling Date 3-11-94

Pump Tank: Gallons; PT Date

Pump Make: Model Serial No.

Nitrification Field: No Fields 1 Square Feet Linear Feet 270

No Lines 5 Trench Width 24" Max Trench Bottom Depth 36" Gravel Depth N/A

☑ New System ☐ Repair System Type: I, II, III, IV, V, VI

System Description: gravity PPBS

Repair System Description: LPP PPBS

Maintenance Agreement Required: ☐ Yes ☑ No

☑ House/Mod. Home No. Bedrooms 4

☐ Mobile Home No. Bathrooms 3½

☐ Business No. Employees

☐ Other

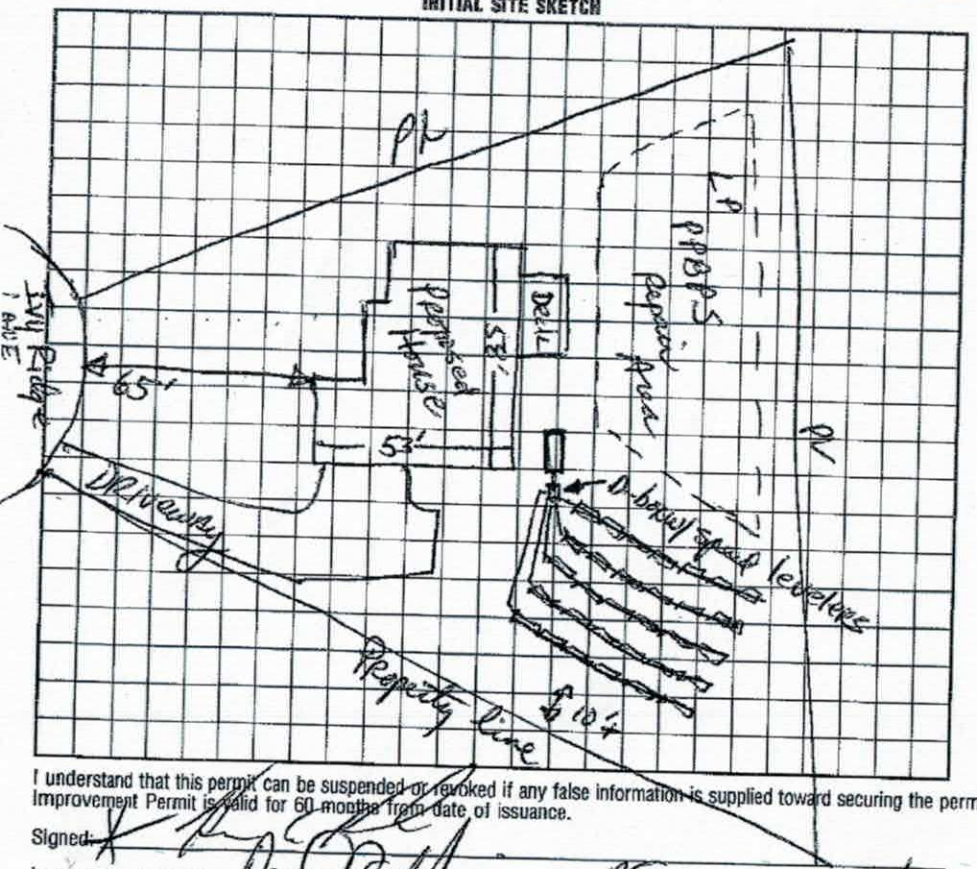
☐ Slab ☑ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☐ Individual ☑ Community ☐ Public

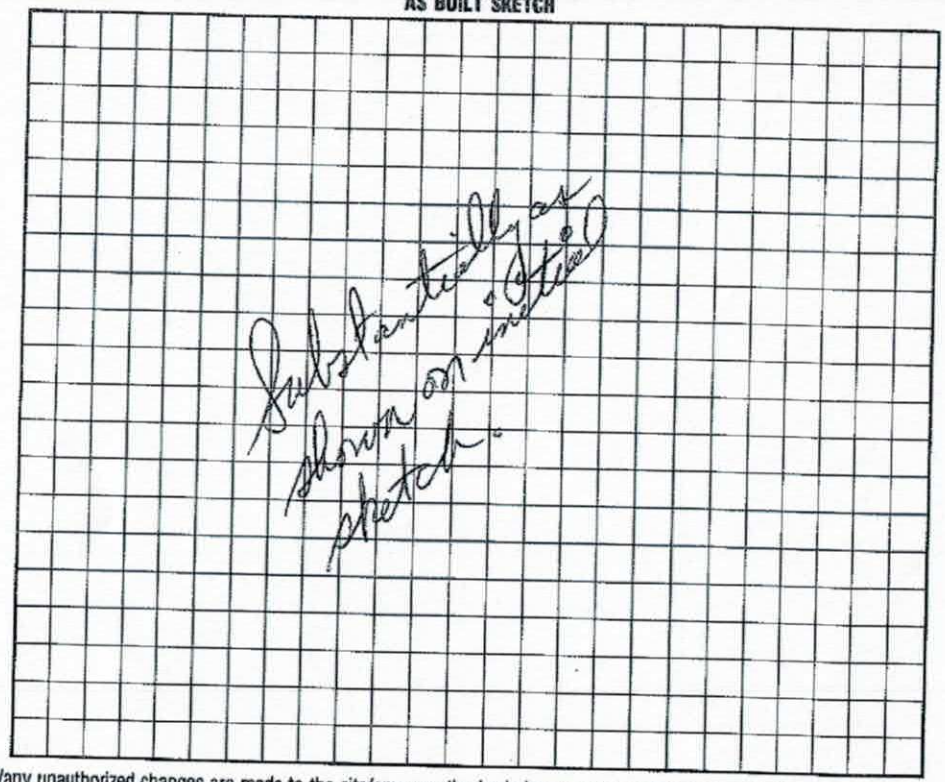
Comments: Laterals to follow contour

Comments: System able to go in trenches instead of 5.

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:

Improvement Permit by: date 12/9/93

Existing System Inspection by: date

Installed by:

Certificate of Completion by: date

Operation Permit by: date 5/6/94

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