IREDELL COUNTY HEALTH DEPARTMENT

Application For Improvement Permit and/or Authorization To Construct, 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:

Applicant Name	Mailing Address	Home Phone	Work Phone
Debra Ard	234 Patternote Ln Mooresville, NC	704-660-7522	704-343-7575
"			
Owner Name	Mailing Address	Home Phone	Work Phone

4. Property Information:

Street Address	Subdivision Name	Section/Phase and Lot Number
Same		

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
( ) Repair To Failing Septic System

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 Pool
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)*

( ) 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: Debra Ard
Property owner or owner's legal representative signature (SIGNATURE REQUIRED)

4/13/08
DATE

IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 100456 PIN# 4637-21-4601 (Lot 1) DATE June 28, 01

OWNER OR CONTRACTOR Blume Road Partners // Edwards Const Inc PHONE: Business (704) 363-3173 Home

ADDRESS 149 Yacht Cove Rd. Mooresville NC 28117 // 2419 Henry Bowcom Rd. Monroe N.C. 28110

LOCATION Brawley Sch Rd. TR Blume TR Patterson on Right

SUBDIVISION Devonshire BLOCK / SECTION LOT 35 LOT AREA 0.78 Ac SITE CLASS PS DESIGN FLOW 460gpd L.T.A.R. .03

Septic Tank: 1000 Gallons; STB 1612 Date

Pump Tank: 1000 Gallons; PT 17 Date 2/13/02

Pump Make: E-ONE Model QEH Serial No.

Nitrification Field: No Fields 1 Square Feet 1200 Linear Feet 400

No Lines 3 Trench Width 36" Max Trench Bottom Depth 36"

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

System Description: PM- Innovative 25%Red

Repair System Description: PM/LP Innovative

Maintenance Agreement Required: ☐ Yes ☑ No Initially

Gravel Depth NA

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

☑ House/Mod. Home ☐ Mobile Home ☐ Business ☐ Other

No. Bedrooms 4 No. Bathrooms 4 No. Employees

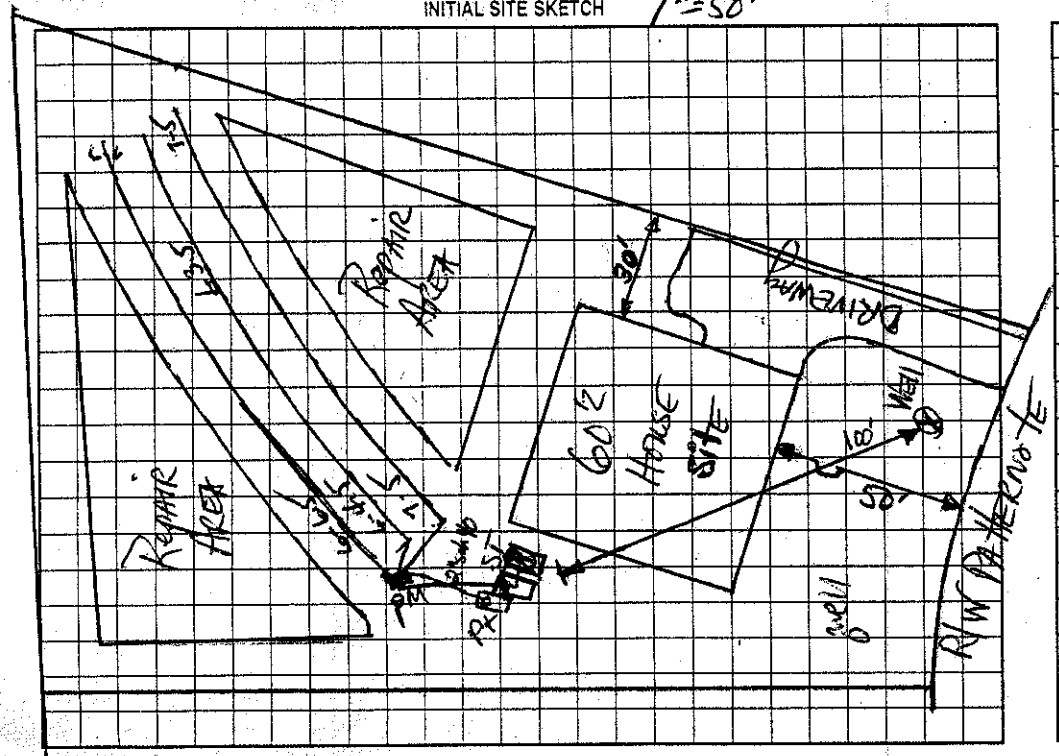
Water Supply: ☑ Individual ☐ Public ☐ Community

Comments:/Conditions:

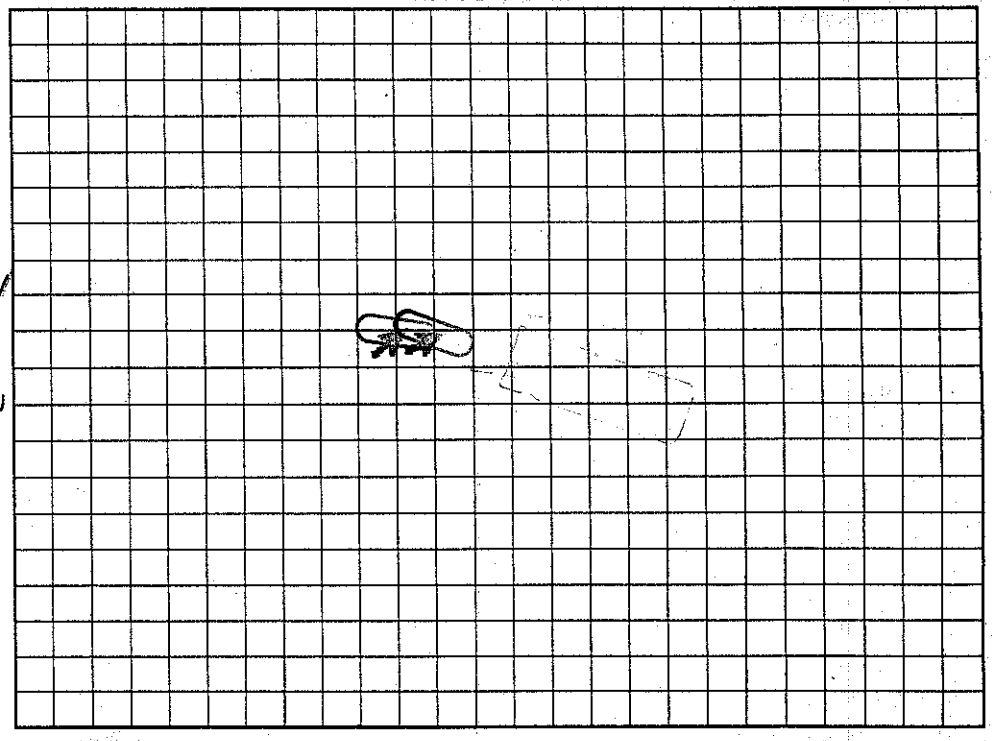
10-3-01 Reviewed house plan; Appears in compliance DCH

Comments:/Conditions:

INITIAL SITE SKETCH 1"=50'



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. Improvement Permit with plat valid without expiration. Improvement Permit with site plan valid for sixty months. Authorization to Construct is valid for a period equal to that of Improvement Permit – not to exceed sixty months.

Signed: date 7.17.01 Installed by: Richard Abernathy

Improvement Permit by: RS date 6-28-01 Operation Permit by: RS date 8/1/02

Authorization to Construct by: RS date 10-3-01 Existing System Inspection by: date

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