IREDELL COUNTY HEALTH DEPARTMENT

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

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

PIN # 4646-23-8511 Permit # 179832

APPLICANT: DEBORAH REID APPLICANT ADDRESS: 126 CONTINENTAL DR. - Mail

SITE ADDRESS: SAME PHONE: 845-548-4477 ALT. PHONE:

SITE DIRECTIONS: WILLIAMSON, PONDEROSA, CONTINENTAL, ON R

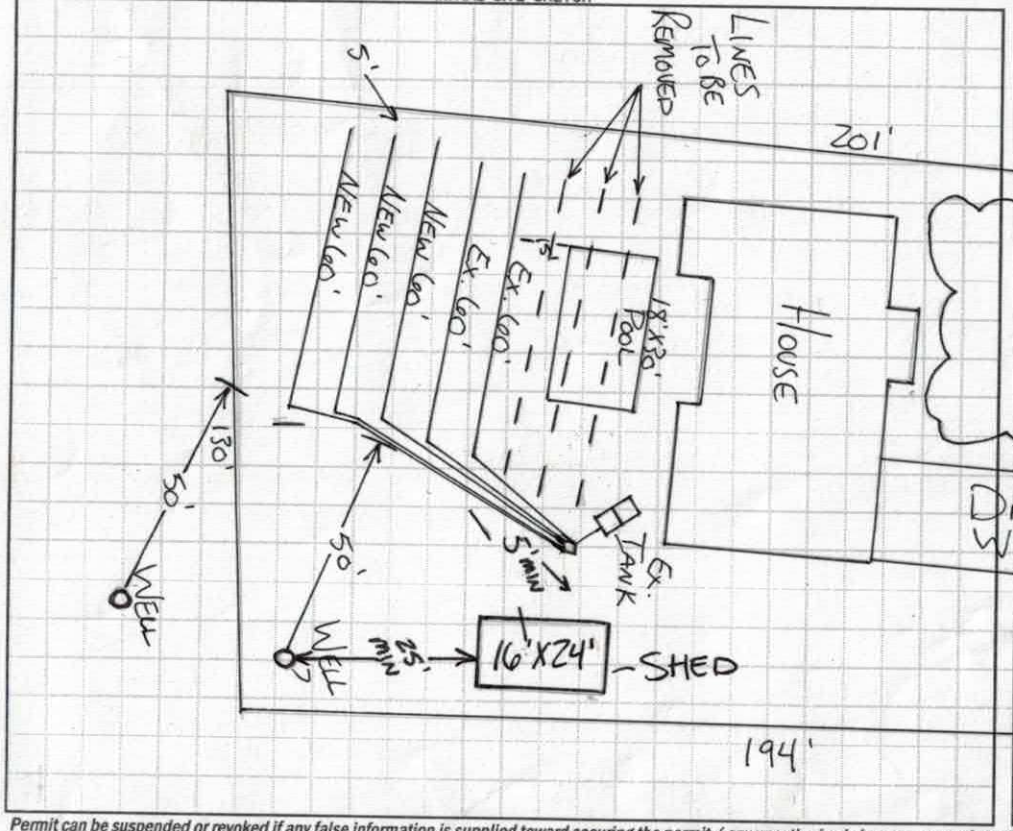
SUBDIVISION: LKN BONANZA SECTION: — LOT # 92 LOT AREA: .55 AC DESIGN FLOW: 360 L.T.A.R.: .3

Septic Tank	Ex. 1000 (gal)	STB	Date	☐ New System	☐ Repair	☐ Expansion	System Type: I II ⊗III IV V VI	☐ Residence	No. Bedrooms	3	Water Supply
Pump Tank	(gal)	PT	Date	System Description:			25% REDUCTION	☐ Business	No. Persons		☒ Private
Pump Make		Model	Serial #	Repair System Description:			PANEL	☒ Other	No. Employees		☐ Public
# Nitrification Fields	1	# Lines	3@60'	Linear Ft: 180'				☒ Slab	☐ Crawl Space		☐ Community
Trench Width	36"	Max. Trench Bottom Depth	36"	Gravel Depth	Maintenance Agreement Required:	☐ YES	☒ NO	☐ Basement w/plumbing		☐ Basement w/o plumbing	
						☒ GRAVITY	☐ PRESSURE				

Comments / Conditions: Installed Quick 4 as shown Verified setback to well.

POOL

INITIAL SITE SKETCH



AS BUILT SKETCH

1"=40'

REMOVE TOP 3 LINES
ADD 3 NEW LINES AS SHOWN
BE SURE TO CHECK WELL SET BACK BEFORE INSTALLATION

The proposed / existing SHED addition does not appear to impact the existing septic system.

**NOTE:

Permit #170919

BA-009 R.S.

Date: 7-24-13

ICHD-Environmental Health Division

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: Deborah Reid Date: 7-18-13 Installed by: A-1 Backhoe

IMPROVEMENT PERMIT by: Date: 7-16-13 OPERATION PERMIT by: Marie H. Dotson RS Date: 8/29/13

AUTHORIZATION TO CONSTRUCT by: Date: 7-16-13 Existing System Inspected by: Date:

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

07-23-13
pd $40.00 1/5

IREDELL COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

PAGE 1: *APPLICATION FORM*

Application For:
( ) New Well Permit ( ) Well Repair Permit ( ) Well Abandonment
( ) Septic Improvement Permit (X) Authorization to Construct ( ) Existing System Inspection ( ) Septic System Repair

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.

Page 2: *Site Plan Worksheet* form MUST accompany this application

The following optional attachments may also be submitted:
Place an (X) beside whichever is submitted if applicable
( ) Survey Plat, scaled no more than 1 inch = 60 feet
( ) Custom Site Plan, scaled no more than 1 inch = 60 feet

Applicant Information:

Applicant Name: Deborah Reid **Address:** 126 Continental Dr. Mooresville, N.C 28117 **Phone:** 704 662-33[illegible]

Owner Name: SAME AS ABOVE **Address:** _____ **Phone:** _____

Property Information:

Street Address: 126 Continental Dr Mooresville, NC 28117

Subdivision Name: Bonanza **Section/Phase:** _____ **Lot Number:** 92

Driving Directions: _____

Site Development Information: ***(check or complete ALL that apply)***

( ) New Single Family Residence
( ) New Multi-Family Residence
(X) Accessory Building
( ) Bedroom(s) Addition

Maximum Number of Bedrooms: _____
Maximum Number of Occupants: _____
( ) Swimming Pool
( ) Other Addition/Structure: _____

( ) Crawl Space Foundation
( ) Concrete Slab Foundation
( ) Basement with Plumbing
( ) Basement without Plumbing

Non-Residential Site Development:
Type of Business: _____
Square Footage of Building: _____
Maximum Number of Employee: _____
Maximum Number of Seats/Beds/Other: _____

Water Supply:

( ) New Well (X) Existing Well ( ) Community Well ( ) City Water ( ) Other Public Water

Desired Septic System Type: ***(you may rank in order of preference)*** **Year existing system installed:** 2000
( ) No Preference ( ) Alternative ( ) Conventional ( ) Innovative ( ) Modified Conventional ( ) Other: _____

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. industrial) 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.

Signature: Deborah Reid
Property owner or owner's legal representative signature (SIGNATURE REQUIRED)

7-23-13
DATE

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: Deborah Reid
REQUIRED property owner or owner's legal representative signature.

7-23-13
DATE

USE THIS SPACE TO DRAW YOUR SITE PLAN

