IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 223928

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

PIN # 4649-34-2425

APPLICANT: Janie K. Dalcoe APPLICANT ADDRESS: 237 Fern Hill Rd. Troutman, NC 28166

SITE ADDRESS: 237 Fern Hill Rd. Troutman, NC 28166 PHONE: (980) 234-0936 ALT. PHONE: (704) 528-1394

SITE DIRECTIONS: PERTH, TR FERN HILL, ON R

SUBDIVISION: SECTION: LOT # LOT AREA: 3AC DESIGN FLOW: 360 L.T.A.R.: .3

Septic Tank EXISTING (gal) STB IM-1060 Infiltrator Date

Pump Tank (gal) PT Date

Pump Make Model Serial #

Nitrification Fields 1 # Lines 4C75' Linear Ft: 300'

Trench Width 36" (Max) Trench Bottom Depth 36" Gravel Depth —

☐ New System ☑ Repair ☐ Expansion System Type: I II (III) IV V VI

System Description:

Repair System Description: 25% REDUCTION

Maintenance Agreement Required: ☐ YES ☑ NO

☑ GRAVITY ☐ PRESSURE

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

No. Bedrooms 3 No. Persons 6 No. Employees Crawl Space

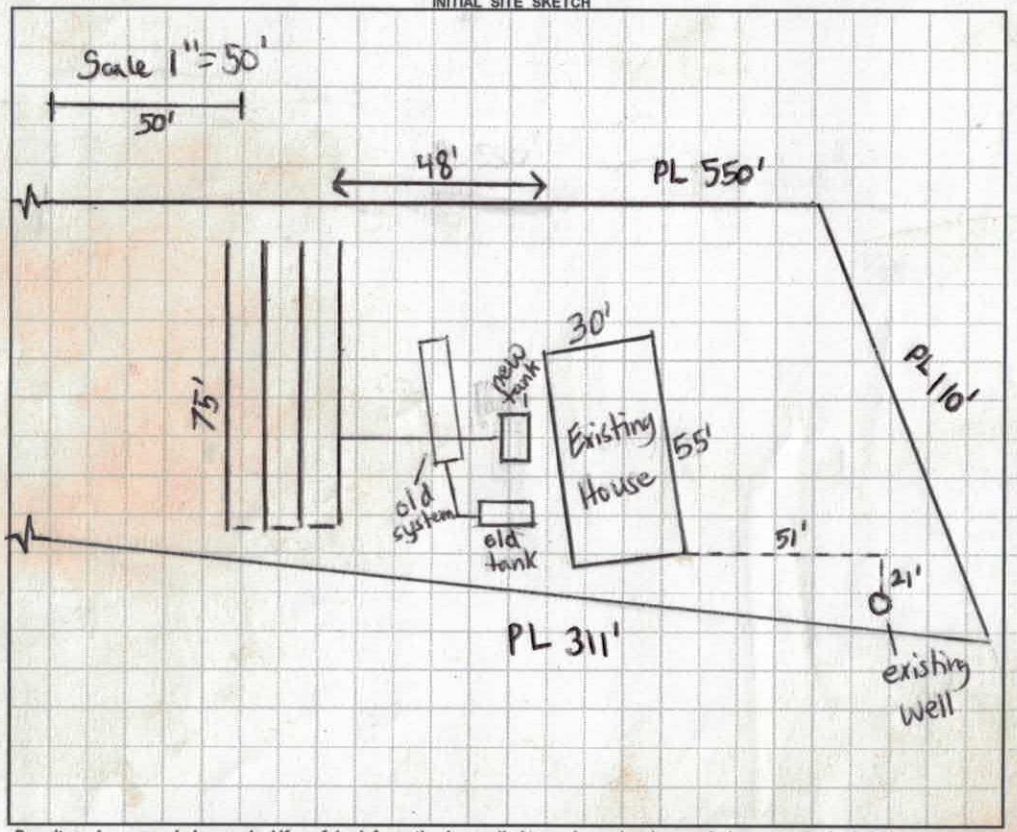
☐ Basement w/o plumbing

Water Supply: ☑ Private ☐ Public ☐ Community

Comments / Conditions:

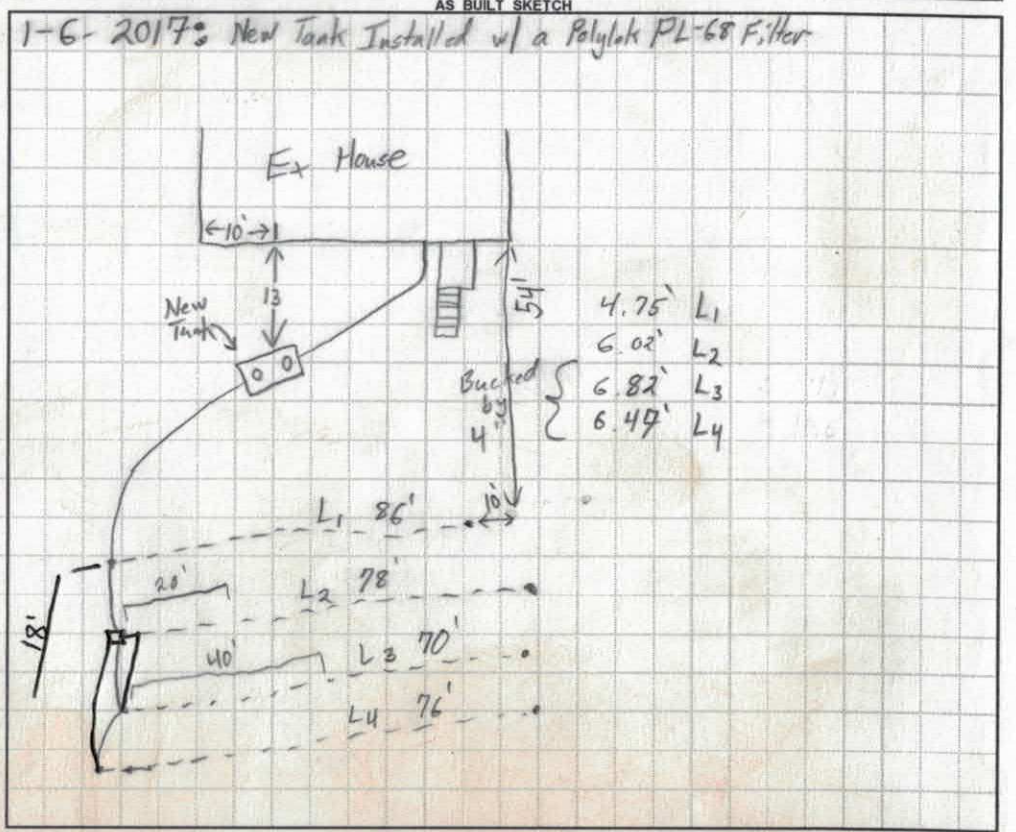
IF TANK IS NOT STRUCTURALLY SOUND, REPLACE AS SHOWN

INITIAL SITE SKETCH



AS BUILT SKETCH

1-6-2017: New Tank Installed w/ a Polylok PL-68 Filter



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: Janie K Dalcoe Date: 12-22-16 Installed by: Chuck Jenks (R+C Construction)

IMPROVEMENT PERMIT by: RA Ellis Date: 12-22-16 OPERATION PERMIT by: RA Ellis Date: 1-13-17

AUTHORIZATION TO CONSTRUCT by: RA Ellis Date: 12-22-16 Existing System Inspected by: Date:

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

IREDELL COUNTY HEALTH DEPARTMENT

223928

ENVIRONMENTAL HEALTH DIVISION

PAGE 1: *APPLICATION FORM*

Paid $150.00 12/22

Application For:
( ) New Well Permit ( ) Well Repair Permit ( ) Well Abandonment
( ) Septic Improvement Permit ( ) Authorization to Construct ( ) Existing System Inspection (X) 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: Janice K. Dalrose Address: 237 Fern Hill Road Troutman NC, 28166 Cell# ~~704~~ 980-234-8936 Phone: 7045286354

Owner Name: Same Address: _____ Phone: _____

Property Information:

Street Address: _____

Subdivision Name: _____ Section/Phase: _____ Lot Number: _____

Driving Directions: Water backing up - outside - looks like pipe backed - uncovered - open hole - Chuck R&C (Old terra cotta pipe)

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

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

Maximum Number of Bedrooms: 3
Maximum Number of Occupants: 3
( ) 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 ( ) Existing Well ( ) Community Well ( ) City Water ( ) Other Public Water

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

Year existing system installed: 60s ?

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. industrial) 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.

Signature: Janice K. Dalrose
(Property owner or owner's legal representative signature (SIGNATURE REQUIRED)

12-21-16
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

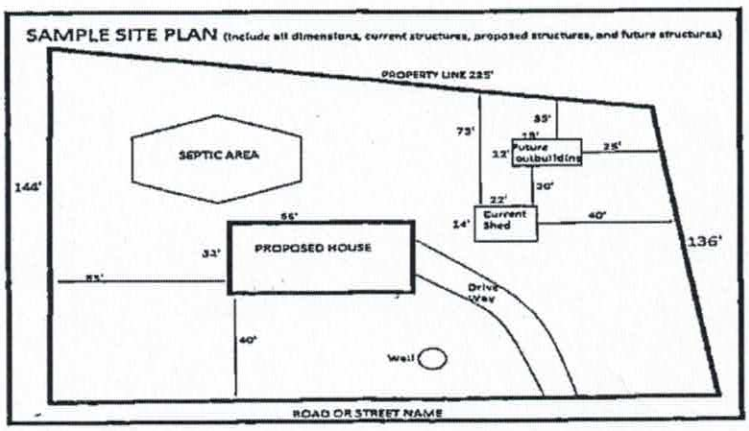
_____ **Front and side setbacks from property line...** _____ **Preferred driveway location and configuration, preferred well location...**

_____ **Area you prefer your septic system to be placed...** _____ **North arrow, or other sufficient indicator of direction...**

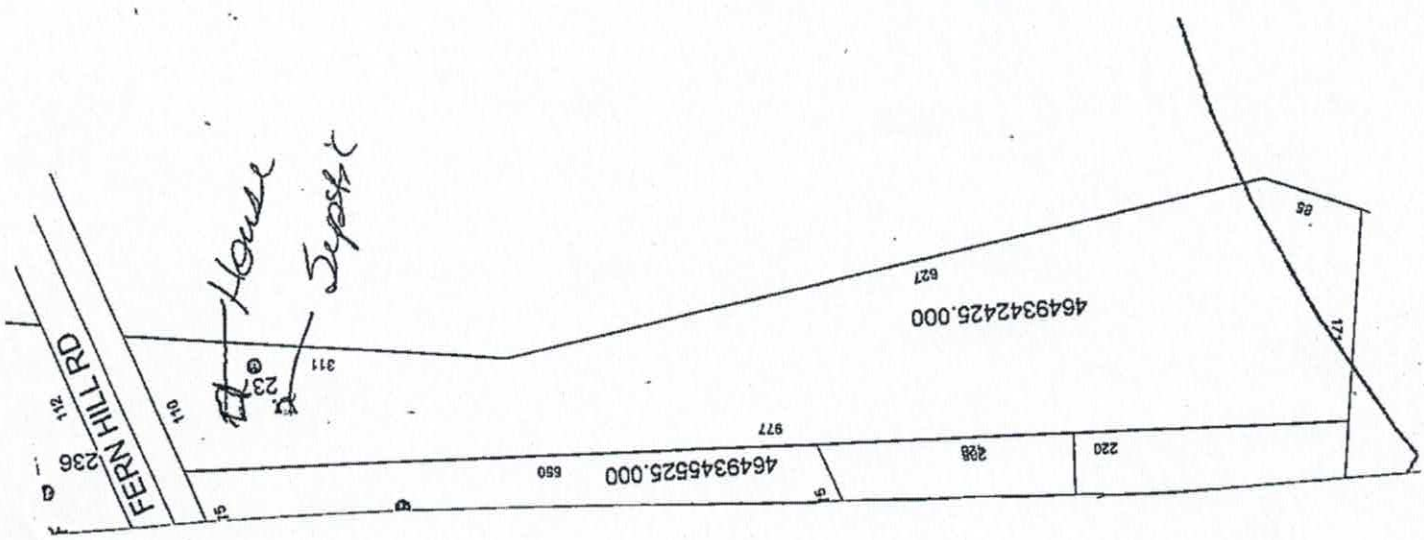
Circle N/A on the following if appropriate:

_____ **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**



PLAN



Signature: Jamie K. Dalene

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

12-20-16

DATE