ICHD - ENVIRONMENTAL HEALTH DIVISION

Statesville Office (704) 878-5305 | Mooresville Office (704) 660-3625 | PERMIT # 309541

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

PIN # 4057462675

APPLICANT/OWNER: Jacob Adams | APPLICANT ADDRESS: 220 Bailey Rd, Mooresville

SITE ADDRESS: 220 Bailey Rd, Mooresville NC 28117 | PHONE: 919-418-1813 | ALT. PHONE: –

SITE DIRECTIONS: 1155 → R Bailey Rd → on R | SAP CONTROLLED: ☐ YES ext ☐ NO

SUBDIVISION: Farmdale | SECTION: 1 | LOT # 4 | LOT AREA: .51 ac | DESIGN FLOW: ext | L.T.A.R.: ext

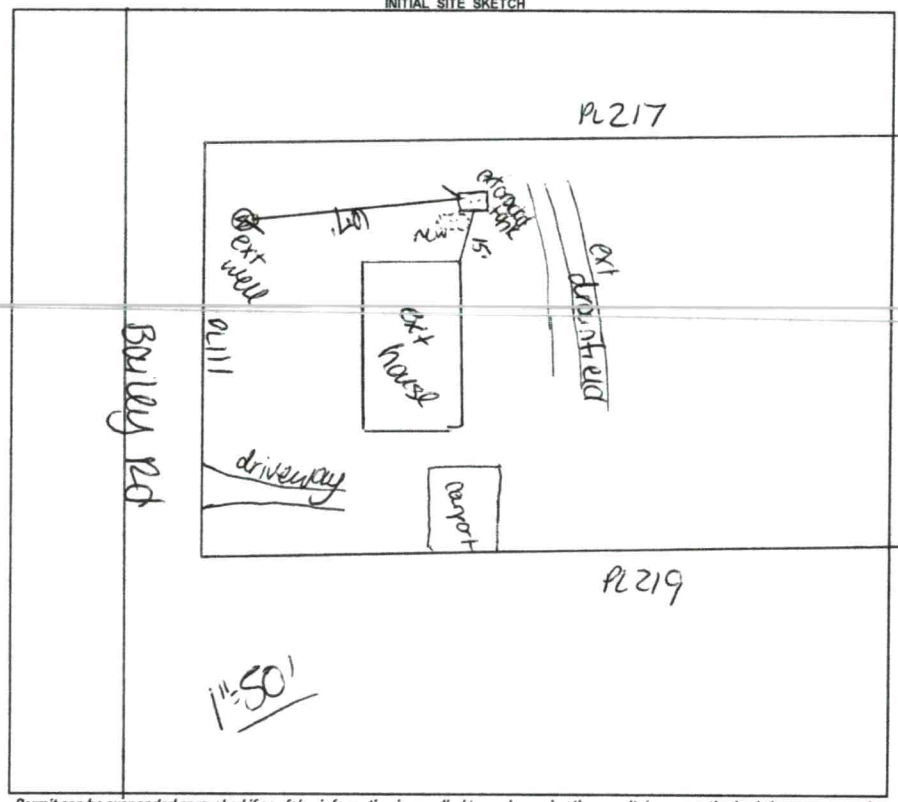
Septic Tank	1000 (gal)	STB 760	Date 5-30-20	☐ New System	☒ Repair	☐ Expansion	System Type: I (II) III IV V VI
Pump Tank	(gal)	PT	Date	System Description:	–		
Pump Make		Model	Serial #	Repair System Description:	tank		
# Nitrification Fields	# Lines		Linear Ft	Maintenance Agreement Required:	☐ YES	☒ NO	
Trench Width	Trench Bottom Depth(Low side)		Gravel Depth		☒ GRAVITY	☐ PRESSURE	

☒ Residence | No. Bedrooms: EXA
☐ Business | No. Persons:
☐ Other | No. Employees:
☐ Slab | ☒ Crawl Space
☐ Basement w/plumbing | ☐ Basement w/o plumbing

Water Supply: ☒ Private ☐ Public ☐ Community

Comments / Conditions: Pump, crush, & fill existing cracked tank. Inspect + replace d-box if needed.

INITIAL SITE SKETCH



AS BUILT SKETCH

FOR SEPTIC FINAL INSPECTION CALL: 704-664-3703 between 8am-9am the day the inspection is needed. Be sure to speak with an inspector to confirm your time.

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: [signature] Date: 7-31-20 | Installed by: Lentz Weskerwtr

IMPROVEMENT PERMIT by: Carla C. Nicks Date: 7-30-20 | OPERATION PERMIT by: [signature] Date: 8-20-20

AUTHORIZATION TO CONSTRUCT by: Carla C. Nicks Date: 7-30-20 | Existing System Inspected by: Date:

FOR SEPTIC FINAL INSPECTION: CALL 704-664-3703 between 8am-9am the day the inspection is needed.

ICHD - ENVIRONMENTAL HEALTH DIVISION

Statesville Office (704) 878-5305 | Mooresville Office (704) 660-3625 | PERMIT # 309541

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

PIN # 4105846207.5

APPLICANT/OWNER: Jacob Adams | APPLICANT ADDRESS: 220 Bailey Rd, Mooresville

SITE ADDRESS: 220 Bailey Rd, Mooresville | PHONE: 919-418-1813 | ALT. PHONE —

SITE DIRECTIONS: 115 → R Bailey Rd → on R | SAP CONTROLLED: ☐ YES ext ☐ NO

SUBDIVISION: Farmdale | SECTION: 1 | LOT # 4 | LOT AREA: .51 ac | DESIGN FLOW: ext | L.T.A.R.: ext

Septic Tank 1000 (gal) STB Date
Pump Tank (gal) PT Date
Pump Make Model Serial #
Nitrification Fields # Lines Linear Ft
Trench Width Trench Bottom Depth(Low side) Gravel Depth

☐ New System ☒ Repair ☐ Expansion System Type: I (II) III IV V VI
System Description: —
Repair System Description: tank
Maintenance Agreement Required: ☐ YES ☒ NO
☒ GRAVITY ☐ PRESSURE

☒ Residence No. Bedrooms ext
☐ Business No. Persons
☐ Other No. Employees
☐ Slab ☒ Crawl Space
☐ Basement w/plumbing ☐ Basement w/o plumbing

Water Supply
☒ Private
☐ Public
☐ Community

Existing

Comments / Conditions: Pump, crush, & fill existing cracked tank. Inspect & replace d-box if needed.

INITIAL SITE SKETCH



AS BUILT SKETCH

FOR SEPTIC FINAL INSPECTION CALL: 704-664-3703 between 8am-9am
the day the inspection is needed. Be sure to speak with an inspector to confirm your time.

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: [signature] Date: 7-31-20 Installed by:

IMPROVEMENT PERMIT by: Carter C. Nicks Date: 7-30-20 OPERATION PERMIT by: Date:

AUTHORIZATION TO CONSTRUCT by: Carter C. Nicks Date: 7-30-20 Existing System Inspected by: Date:

FOR SEPTIC FINAL INSPECTION: CALL 704-664-3703 between 8am-9am the day the inspection is needed.

RECEIVED JUL 29 2020

AP-301941
Repair Eval

IREDELL COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION

Effective 01/01/2015:
There is **NO** Repair **EVALUATION** fee paid at time of application submittal.
Once Environmental Health has made a site visit and determined that a repair permit is necessary, the fee of $150 must be paid before the permit will be issued.

The following information is needed to locate the existing septic layout for the site of the reported malfunctioning system. This will assist our Environmental Health Specialist in determining the actual system layout.

Incomplete or missing information may delay the system repair. Sometimes, septic system permits are in the name of a contractor. Mobile and modular homes may also be listed in the name of a mobile home company (Ex. Clayton Mobile Homes, First Choice Housing, Statesville Housing, etc.) If you do not know, ask a neighbor that might possibly know who built the home if you are not the original owner. Since we do not presently have an automated system, any little bit of extra information you can provide would greatly aid in the search.

For property located **NORTH of** Ostwalt-Amity Road, all ***completed*** forms and payment should be submitted to the Statesville office between the hours of 8:00am and 5:00pm daily.

For property located **SOUTH of** Ostwalt-Amity Road, all ***completed*** forms and payment should be submitted to the Mooresville office between the hours of 8:00am and 5:00pm daily.

Physical Addresses:

Statesville Office:
349 N. Center St.
Statesville, NC 28677
Phone: 704-878-5305

Mooresville Office:
610 E. Center Ave.
Mooresville, NC 28115
Phone: 704-660-3625

Existing Septic System Information Needed for SEPTIC REPAIR PERMIT

DATE: 7/28/2020 PIN: 0301R03000A004 (Shows

REQUESTED BY: Jacob Adams PHONE: (919)418-1813

ADDRESS OF PROPERTY: 220 Bailey Road CITY: Mooresville

SUBDIVISION: Farmdale LOT #: 4

YEAR SEPTIC INSTALLED OR HOME BUILT / PLACED: 1966 Stick built X Modular ____ Mobile ____

NAME OF APPLICANT, CONTRACTOR OR MOBILE HOME COMPANY AS APPLICABLE:

NAME OF FIRST OWNER: Irene Hazel Bragg

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

(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: X **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:

Jacob Adams	220 Bailey Road Mooresville, NC 28117	(919)418-1813	
Applicant Name	**Mailing Address**	**Home Phone #**	**Alternate Phone #**
Jacob Adams	220 Bailey Road Mooresville,NC 28117	(919)418-1813	
Owner Name	**Mailing Address**	**Home Phone #**	**Alternate Phone #**

4. Property Information:

220 Bailey Road Mooresville, NC 28117	Farmdale	Phase 1 , Lot 4
Street Address	**Subdivision Name**	**Section/Phase and Lot Number**

Driving Directions: From Mooresville, take 21 North about 3 miles, turn left on Bailey Road, about 1/2 mile, house on right

5. RESIDENTIAL Site Development Information: ***(Check or Complete ALL that apply)***

( ) **New, Single Family Residence** — **Maximum Number of Bedrooms** ___ — ( ) **Crawl Space Foundation?**
( ) **New, Multi-Family Residence** — **Maximum Number of Occupants** ___ — ( ) **Concrete Slab Foundation?**
( ) **Expansion of Existing Septic System** — **If Expansion, Current Number of Bedrooms** ___ — ( ) **Basement w/Plumbing?**
(X) **Repair To Failing Septic System due to** Septic Tank — ( ) **Basement w/out Plumbing?**
( ) **Other** _____

IF Non-Residential Site Development: **Type of Business**
Square Footage of Building
Maximum Number of Employees _____ **Max**

6. Proposed Water Supply:

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

7. Desired Septic System Type: ***(You may rank in order of preference, if any)*** (X) **EXISTING SYSTEM installed** 1996 *Year*

( ) **Alternative** (X) **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.

9. Signature: _____ 7/28/2020
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) **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:

X Property Line measurements are clearly identified… **X 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

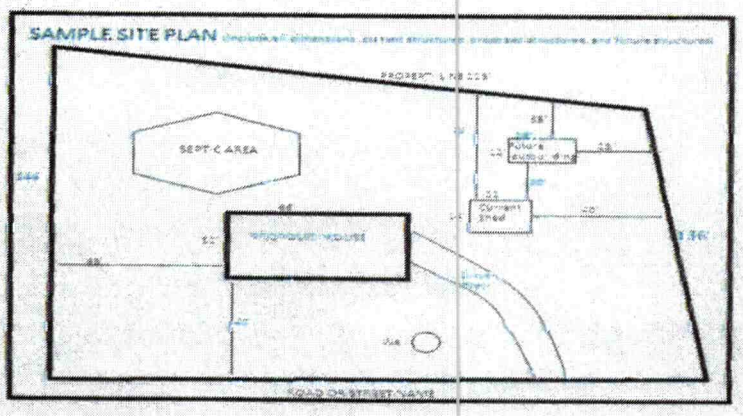
X Front and side setbacks from property line… **X Preferred driveway location and configuration, preferred well location…**

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

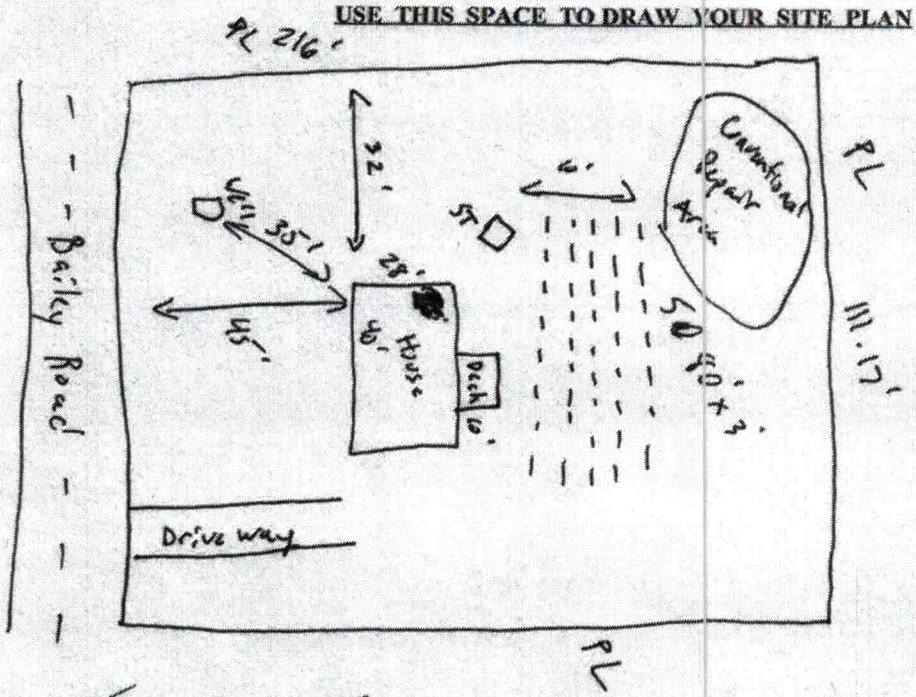
Circle N/A on the following if appropriate:

X 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: Brad Anderson

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

7/28/2020
DATE