IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 228407

SEPTIC IMPROVEMENT PERMIT / AUTHORIZATION TO CONSTRUCT / OPERATION PERMIT / EXISTING SYSTEM M. A. D. PIN # 4658788458

APPLICANT/OWNER: Brian Newman APPLICANT ADDRESS: PO Box 3006 Mooresville, NC

SITE ADDRESS: 1910 Charlotte Hwy Mooresville, NC PHONE: 704-451-8428 ALT. PHONE N/A

SITE DIRECTIONS: US 21 N → lot on L SAP CONTROLLED: YES NO

SUBDIVISION: N/A SECTION: N/A LOT # N/A LOT AREA: 1.0 ac DESIGN FLOW: EXISTING I.D.A.R:

Septic Tank 1000 (gal) STB 2071-1060 Date —
Pump Tank (gal) PT Date
Pump Make Model Serial #
Nitrification Fields EXISTING # Lines Linear Ft
Trench Width Trench Bottom Depth (Low side) Gravel Depth N/A

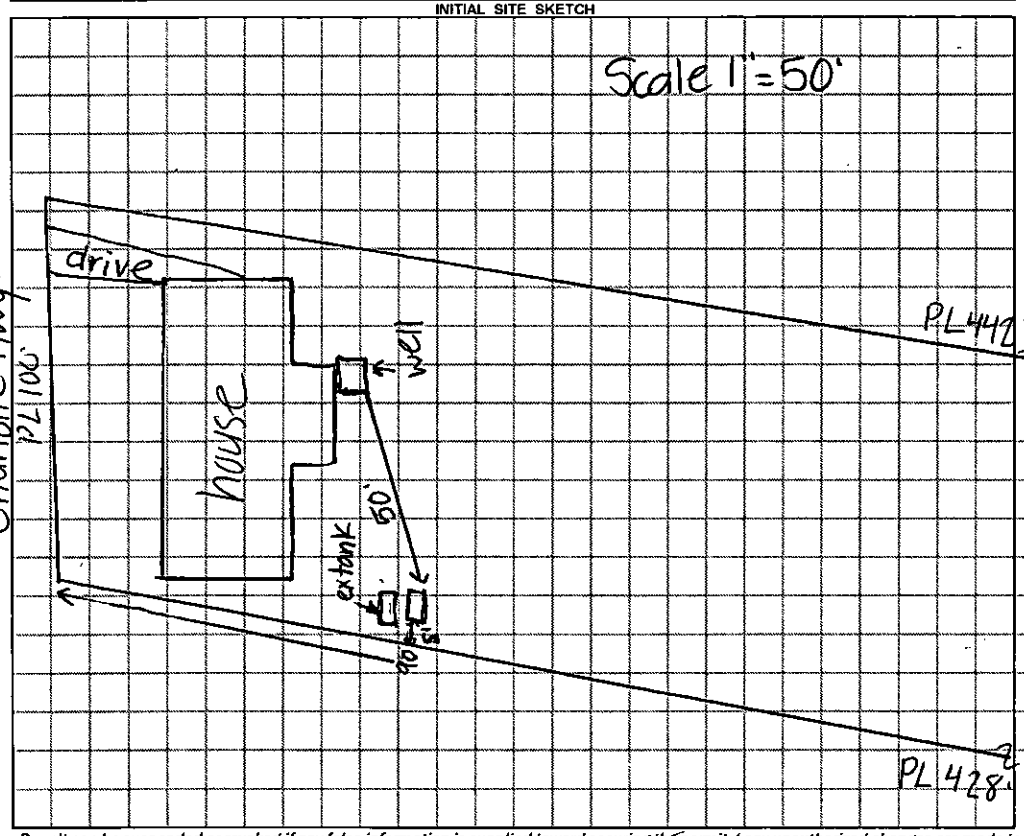
☐ New System ☑ Repair ☐ Expansion System Type: I (II) III IV V VI
System Description:
Repair System Description: tank replacement
Maintenance Agreement Required: ☐ YES ☑ NO
☑ GRAVITY ☐ PRESSURE

☑ Residence No. Bedrooms 3
☐ Business No. Persons 6
☐ Other No. Employees
☐ Slab ☑ Crawl Space
☐ Basement w/plumbing ☐ Basement w/o plumbing

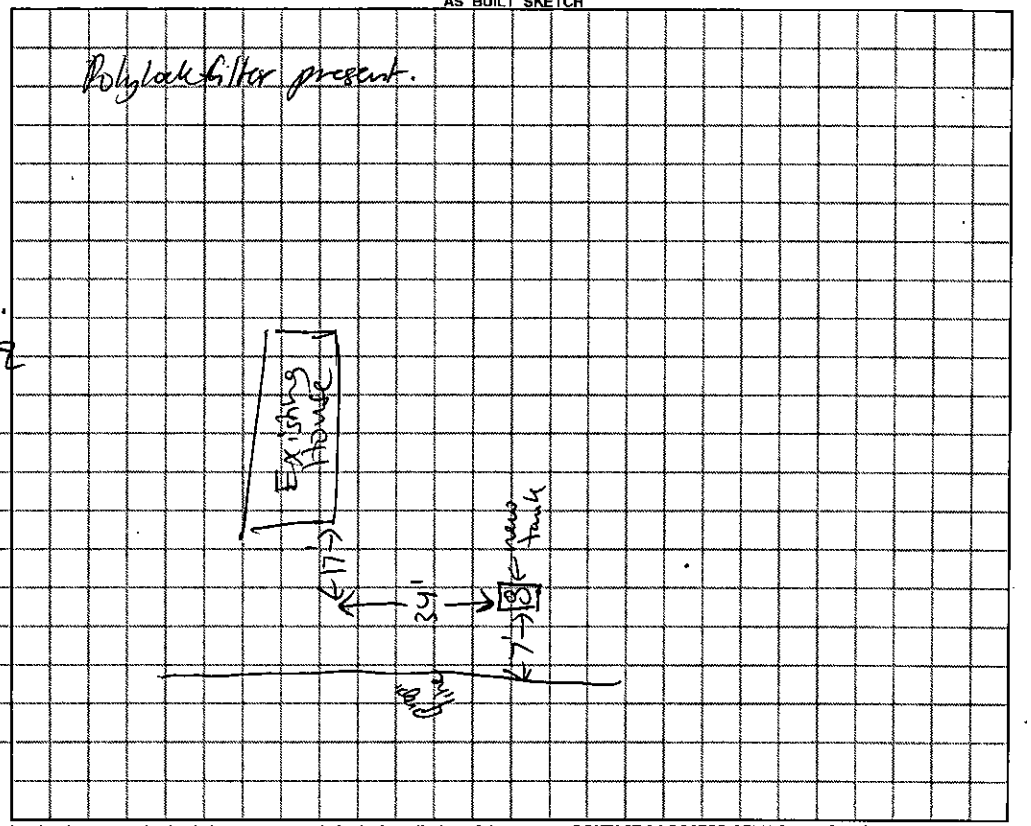
Water Supply: ☑ Private ☐ Public ☐ Community

Comments / Conditions: Pump + crush existing tank. Keep new tank 5' from property line + 50' from well.

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: Date: 7-5-17 Installed by: John (Massey Septic) Crawford

IMPROVEMENT PERMIT by: Kayla Wilson Date: 7-5-17 OPERATION PERMIT by: Mohamed Dumasieh Date: 7/6/2017

AUTHORIZATION TO CONSTRUCT by: Kayla Wilson Date: 7-5-17 Existing System Inspected by: Date:

RECEIVED JUL 3 - 2017

IREDELL COUNTY HEALTH DEPARTMENT *ENVIRONMENTAL HEALTH DIVISION*

(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)

#228407

1. APPLICATION FOR: ___Improvement Permit ___Authorization To Construct ___ Existing System Inspection

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2. Page 2: *Site Plan Worksheet* Form MUST Accompany This Application — Repair Evaluation No Chg

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

Paid $150.00

3. **Applicant Information:**

Applicant Name	Mailing Address	Home Phone #	Alternate Phone #
Brian Newman	PO Box 3006 Mooresville, NC 28117	704-451-8428	
Owner Name	**Mailing Address**	**Home Phone #**	**Alternate Phone #**
Same	Same		

4. **Property Information:**

Street Address	Subdivision Name	Section/Phase and Lot Number
1910 Charlotte Hwy Mooresville, NC 28115		

Driving Directions: On Charlotte hwy aprox 1/4 mile North of Shinville Rd.

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 tank collapse
( ) Other

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 ___
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 ____

8. Please Answer The Following ( ) Yes ( ) No Does the site contain any jurisdictional wetlands?
To The Best of Your Ability: ( ) 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: _____ 7/3/17

Property owner or owner's legal representative signature (SIGNATURE REQUIRED) — DATE