IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 225394

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

PIN # 4659929753

APPLICANT: TJ Majors APPLICANT ADDRESS: 362 Brook Glen Dr Mooresville NC

SITE ADDRESS: 362 Brook Glen Dr Mooresville NC PHONE: 704-641-8318 ALT. PHONE N/A

SITE DIRECTIONS: Turn onto Shinville Rd, .5 miles, turn into subdivision, Turn right Brook Glen Dr. House on left, white house black shutters

SUBDIVISION: Brook Glen Crossing SECTION: 2 LOT # 109 LOT AREA: .73Ac DESIGN FLOW: 360 L.T.A.R.: EX

Septic Tank	1000	(gal)	STB	760	Date	9-16					
Pump Tank		(gal)	PT		Date						
Pump Make		Model			Serial #						
# Nitrification Fields	Ex	# Lines	Ex		Linear Ft:	Ex					
Trench Width	Ex	Max. Trench Bottom Depth	Ex		Gravel Depth	N/A					

☐ New System ☒ Repair ☐ Expansion System Type I II IIII IV V VI

System Description: Tank

Repair System Description:

Maintenance Agreement Required: ☐ YES ☒ NO

☒ GRAVITY ☐ PRESSURE

☒ Residence No. Bedrooms 3

☐ Business No. Persons 6

☐ Other No. Employees

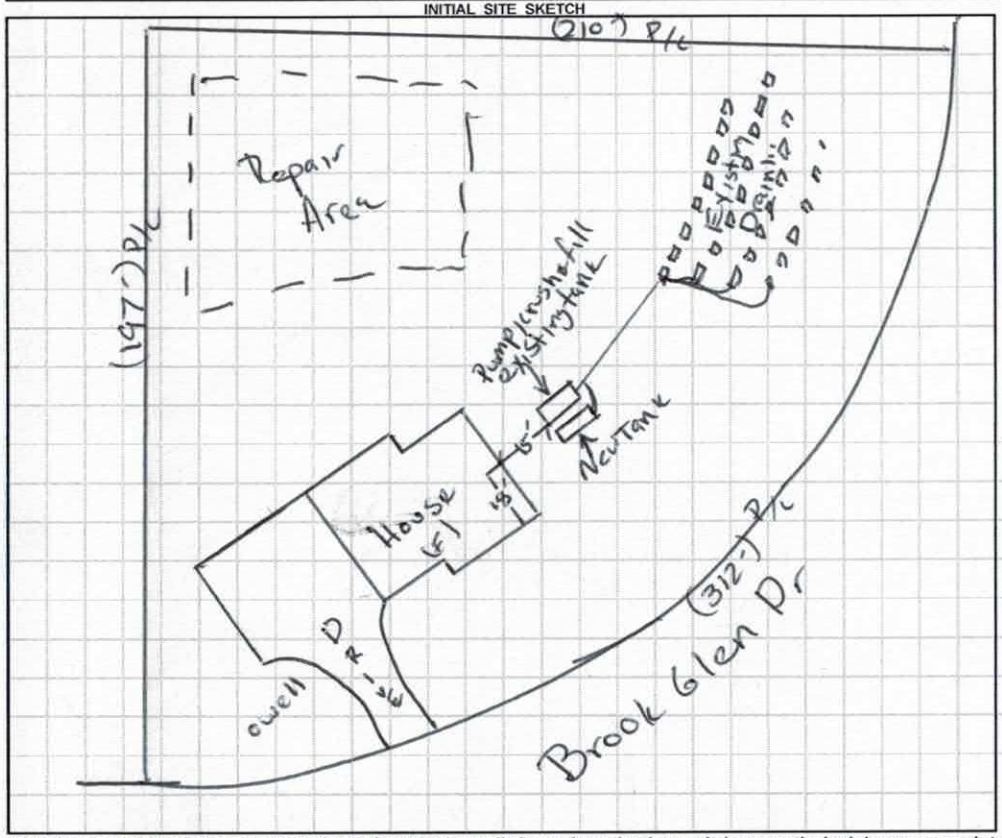
☐ Slab ☒ Crawl Space

☐ Basement w/plumbing ☐ Basement w/o plumbing

Water Supply: ☒ Private ☐ Public ☐ Community

Comments / Conditions: Pump, crush and fill existing tank. Maintain 15 off building foundation.

INITIAL SITE SKETCH



AS BUILT SKETCH

1"=50

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: 03/22/17 Installed by:

IMPROVEMENT PERMIT by: Date: 03/09/17 OPERATION PERMIT by: Date: 3-30-17

AUTHORIZATION TO CONSTRUCT by: Date: 03/09/17 Existing System Inspected by: Date:

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

Please CALL prior to inspection

Name: Tamela

Number: 704-641-8318

RECEIVED MAR 2 - 2017

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

Repair Eval. No Chg #225394 Paid $150.00

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 — Repair of existing system

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 ☑ Custom Site Plan, Scaled no more than 1 Inch = 60 Feet
   Place check ( ) beside whichever is submitted if applicable

3. **Applicant Information:**

TJ Majors	362 Brook Glen	704-641-8318	
Applicant Name	Mailing Address	Home Phone #	Alternate Phone #
Travis Majors	362 Brook Glen	704-641-8318	
Owner Name	Mailing Address	Home Phone #	Alternate Phone #

4. **Property Information:**

362 Brook Glen Dr	Brook Glen	S2 Lot 109
Street Address	Subdivision Name	Section/Phase and Lot Number

Driving Directions: Turn onto Shinnville Rd, .5 mile left turn into subdivision - Turn Rt onto Brook Glen Dr. House on left White House / Black Shutters

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 Replacement
( ) 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 ___ M

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 2003 *Year*

( ) Alternative ( ) 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:** ___
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

*Repair of Already existing

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:

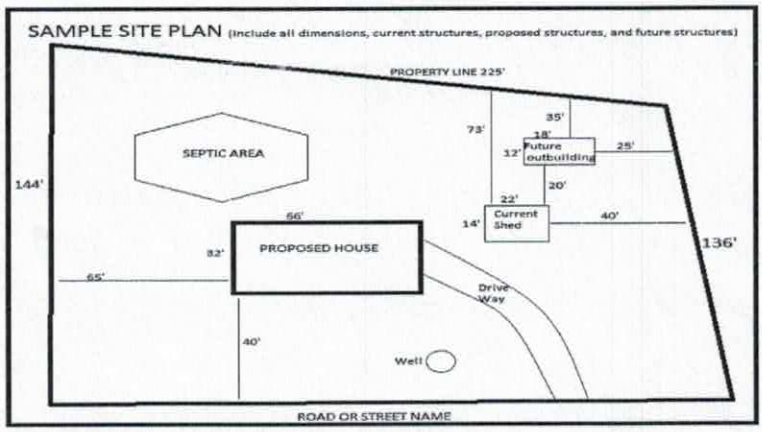
- **X** **Property Line measurements are clearly identified…**
- **X** **All proposed structures are indicated…**

SHOW: proposed house or business footprint, wells, water lines, patios, pools and decks, and any other item that will occupy space on the site

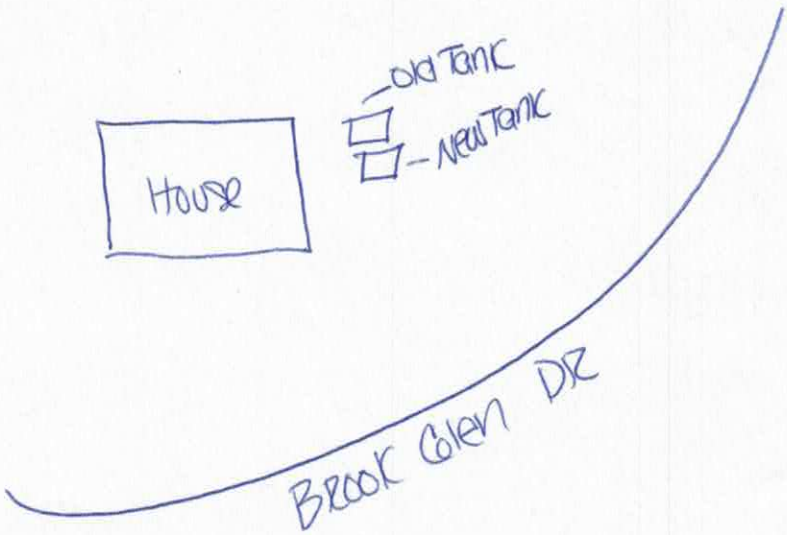
- **X** **Front and side setbacks from property line…**
- **X** **Preferred driveway location and configuration, preferred well location…**
- **X** **Area you prefer your septic system to be placed…**
- **X** **North arrow, or other sufficient indicator of direction…**

Circle N/A on the following if appropriate:

- **X** **Location of septic systems and wells within 100' of your property… N/A**
- **X** **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: Tm

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