# IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 212226

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

PIN # 4664-56-5701

APPLICANT: Ashley Rollans APPLICANT ADDRESS: Po Box 832 Mville 28115

SITE ADDRESS: 125 Elizabeth Brook Dr.-Davidson PHONE: 704-746-5046 ALT. PHONE:

SITE DIRECTIONS: Shearers, TL Anniston, TR Logan, TR Elizabeth Brook

SUBDIVISION: Anniston SECTION: 1 LOT # 39 LOT AREA: .95 AC DESIGN FLOW: 480 L.T.A.R.: .25

Septic Tank ____ (gal) STB ____ Date ____
Pump Tank ____ (gal) PT ____ Date ____
Pump Make ____ Model ____ Serial # ____
# Nitrification Fields ____ # Lines ____ Linear Ft: ____
Trench Width ____ Max. Trench Bottom Depth ____ Gravel Depth —

EXISTING

☐ New System ☒ Repair ☐ Expansion System Type: I II III IV V VI
System Description: Replace Damaged Chambers
Repair System Description:
Maintenance Agreement Required: ☐ YES ☒ NO
☐ GRAVITY ☒ PRESSURE

☒ Residence No. Bedrooms 4
☐ Business No. Persons ____
☐ Other No. Employees ____
☐ Slab ☐ Crawl Space
☒ Basement w/plumbing ☐ Basement w/o plumbing

Water Supply: ☒ Private ☐ Public ☐ Community

Comments / Conditions:

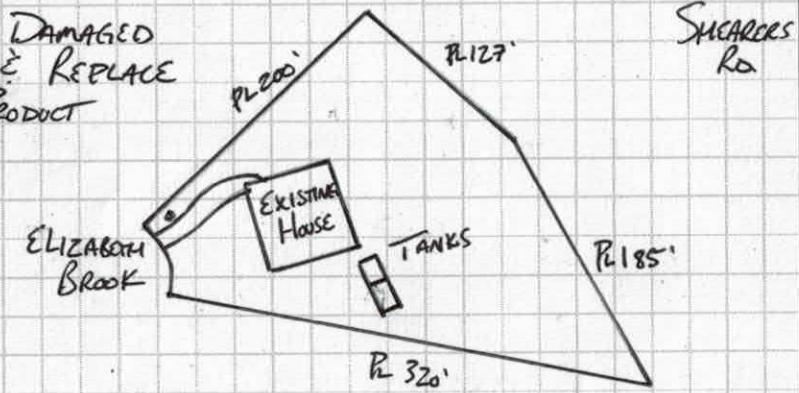
Off site Repair area on Lot COS #86
PIN # 4664.47.9424

INITIAL SITE SKETCH

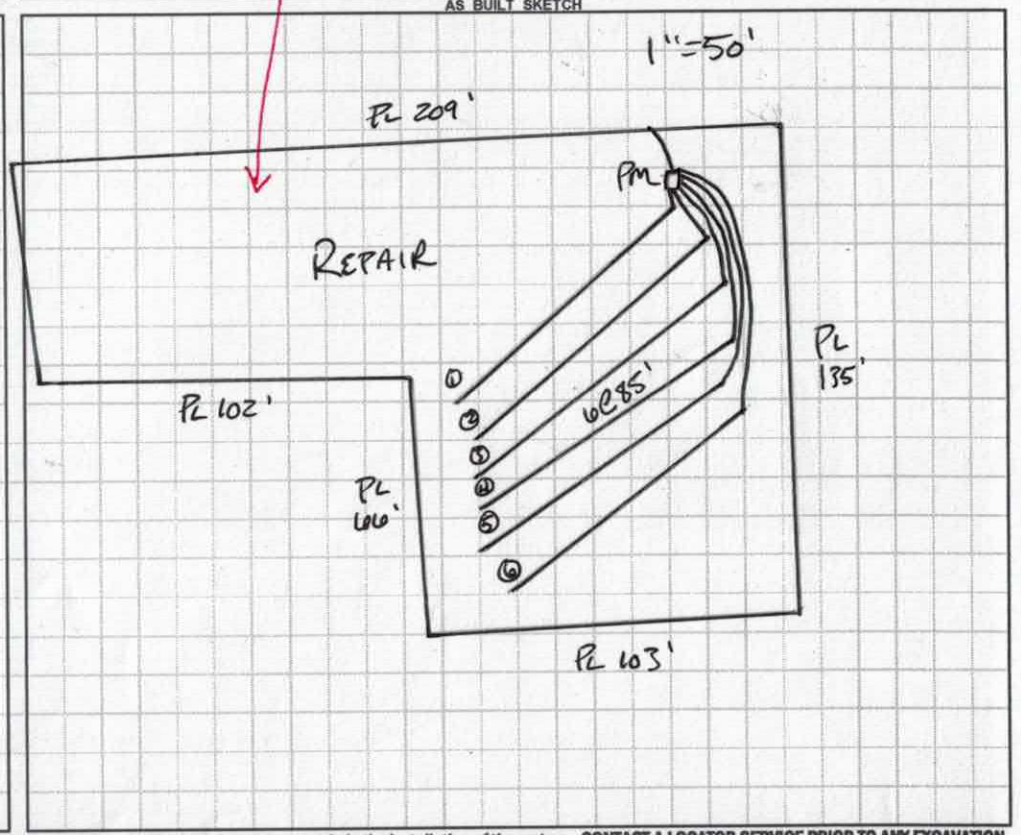
Lines 1 & 4 Appear To Have Crushed Chambers.

Line ① = 15'
Line ④ = 1 Chamber In Middle

Dig out Damaged Chambers & Replace w/ Same Product




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**

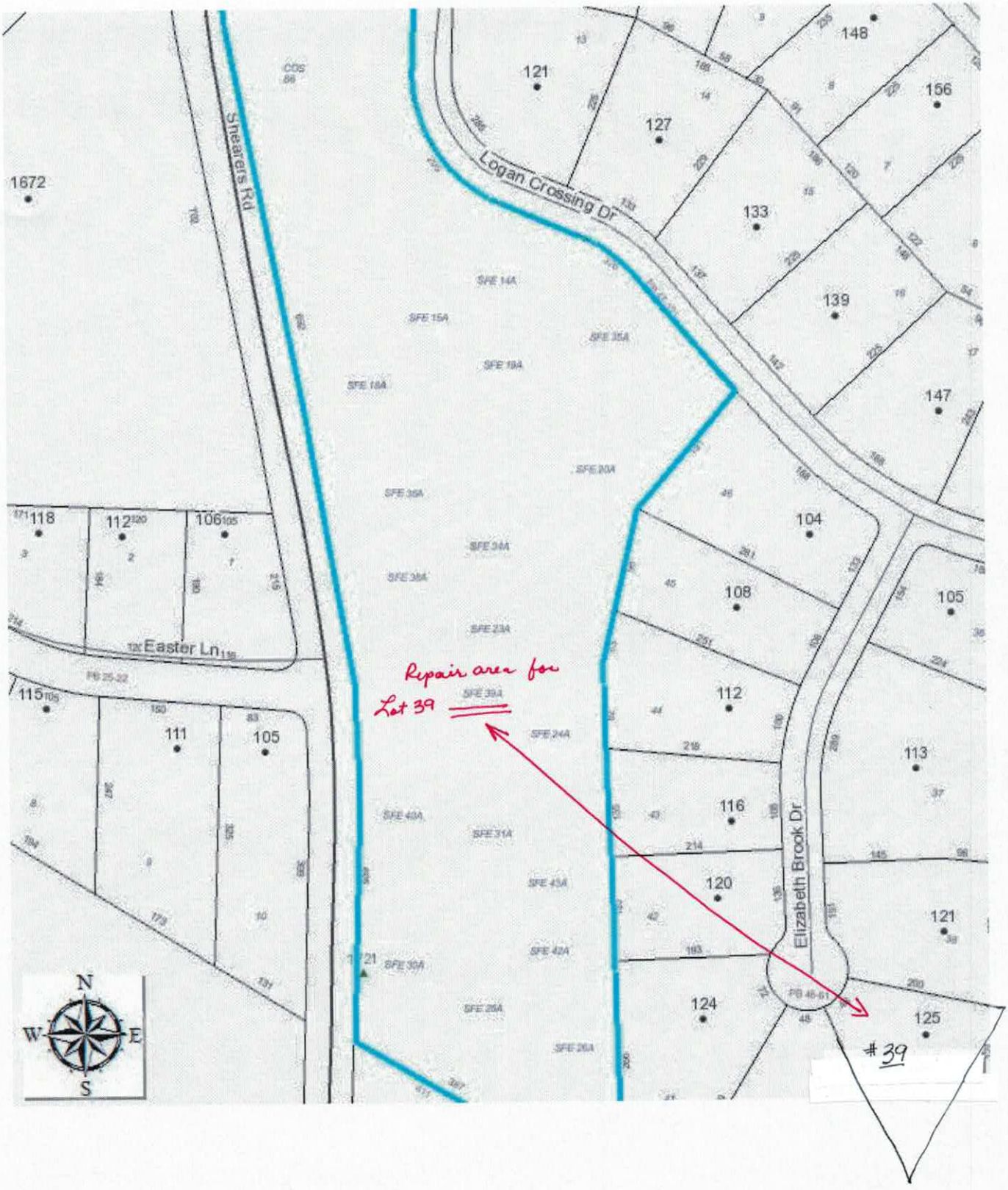
☐ **IMPROVEMENT PERMIT** *with plat valid without expiration.* ☐ **IMPROVEMENT PERMIT** *with site plan valid for 60 mos.* ☒ **AUTHORIZATION TO CONSTRUCT** *valid for period equal to IMPROVEMENT PERMIT--not to exceed 60 mo.*

Owner / Applicant Signature: Ashley Rollans Date: 11/3/15 Installed by: Lutz Waterworks

IMPROVEMENT PERMIT by: [signature] Date: APPROVED AUG 10 2015 OPERATION PERMIT by: Benjamin A Patterson Date: 8/31/2018

AUTHORIZATION TO CONSTRUCT by: [signature] Date: APPROVED AUG 10 2015 Existing System Inspected by: ____ Date: ____

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


Shearers Rd
Logan Crossing Dr
Easter Ln
Elizabeth Brook Dr
Repair area for
Lot 39
#39
N
W
E
S
1672
118
112
106
115
111
105
121
127
148
156
133
139
147
104
108
105
112
113
116
120
121
124
125

RECEIVED JUL 2 2 2015

# IREDELL COUNTY HEALTH DEPARTMENT

Paid $150.00 Repair Permit # 212226

*ENVIRONMENTAL HEALTH DIVISION*

**PAGE 1: *APPLICATION FORM***

**Application For:**
( ) New Well Permit ( ) Well Repair Permit ( ) Well Abandonment
( ) Septic Improvement Permit ( ) 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:** ( ) Survey Plat, scaled no more than 1 inch = 60 feet
*Place an (X) beside whichever is submitted if applicable* ( ) Custom Site Plan, scaled no more than 1 inch = 60 feet

**Applicant Information:**

**Applicant Name:** Rollans Soil & Env. **Address:** P.O. Box 332 Mooresville NC 28115 **Phone:** 7047465046

**Owner Name:** Allison & Jason Robinson **Address:** 125 Elizabeth Brook Dr Davidson NC 28031 **Phone:** _____

**Property Information:**

**Street Address:** 125 Elizabeth Brook Dr, Davidson NC 28031

**Subdivision Name:** Anniston **Section/Phase:** I **Lot Number:** 39

**Driving Directions:** Shearer Rd, Lt on Anniston Way, Rt on Logan Crossing, Rt on Elizabeth Brook

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

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

**Maximum Number of Bedrooms:** 4
**Maximum Number of Occupants:** 8
( ) 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)* **Year existing system installed:** _____
( ) No Preference ( ) Alternative ( ) Conventional ( ) Innovative ( ) Modified Conventional (✓) Other: Accepted

**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:** Samuel A Rollans
Property owner or owner's legal representative signature (SIGNATURE REQUIRED)

7/22/15
DATE

# AUTHORIZATION TO ACT AS AGENT FOR OWNER

Any application/document/permit requiring a signature must be signed by the property owner or their authorized agent. This form shall be provided by the owner to allow specified individuals to act as agents for the owner. This form allows the specified individuals to sign or receive any application/document/permit on behalf of the owner. This form allows the authorized agent to make decisions on behalf of the owner pertaining to modifications of permits in the field. It is the responsibility of the owner to assure that any/all permit conditions specified on permits issued by this Division are followed.

I, Allison Robertson, am the legal owner of the property located at (39) 125 Elizabeth Brook Dr identified as PIN(Parcel Identification Number)_____, located in Iredell County, North Carolina.

I do hereby authorize (print authorized agent/company name) Ashley Rollins_____, _____, _____, to act as an agent on my behalf in applying for/signing/obtaining any of the documents described below.

1. Improvement Permit (IP)/ Authorization to Construct (AC).
2. Application for soil-site evaluation (new/repair).
3. Application/permit for water well/well abandonment.
4. Application for existing system.
5. Application for Improvement Permit (IP)/ Authorization to Construct (AC).

I agree to abide by any and all decisions and/or conditions between the agent acting on my behalf and the Iredell County Department of Public Health, Environmental Health Division. This form must be fully executed before the individual's specified above will be recognized as the authorized agent.

Allison Robertson 10/3/15
Signature of Owner Date

Samuel A Collins 10/3/15
Signature of Witness Date

# IREDELL COUNTY HEALTH DEPARTMENT

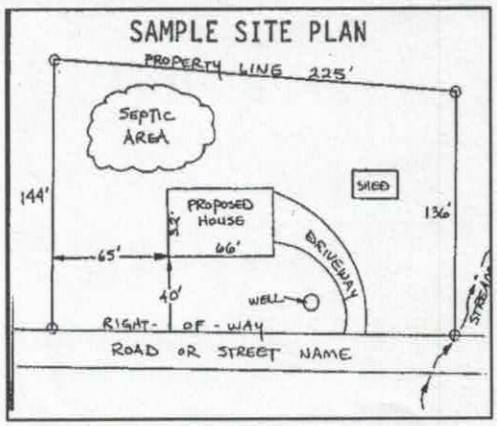
## *ENVIRONMENTAL HEALTH DIVISION*

**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:**

- (X) **Property Line measurements are clearly identified**
- (X) **All proposed structures are indicated**
- (X) **Front and side setbacks from property line**
- (X) **Preferred driveway location and 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:**

| | |
|---|---|
| **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

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

See Attached Permit

**Signature:** Samuel A Tolbert

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

7/22/15

**DATE**

# IREDELL COUNTY HEALTH DEPARTMENT

STATESVILLE 704-878-5305 MOORESVILLE 704-664-5281

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

PERMIT# 123290 PIN# 4664-67-0278.039 4664565701 DATE 4/20/05

OWNER OR CONTRACTOR RIDGELINE DEVELOPMENT PHONE: Business 362-5007 Home

ADDRESS 17105 HEATON DR. SUITE 207-C CORNELIUS, NC 28031

LOCATION SHEARERS RD - SEPTIC ON LEFT PAST ANNISTON - (TL ANNISTON - TR LOGAN - TR ELIZABETH LOT ON RT)

SUBDIVISION ANNISTON BLOCK / SECTION 1 LOT 34 LOT AREA .95AC SITE CLASS. PS DESIGN FLOW 480GPD L.T.A.R. ~.256GPD/FT²

Septic Tank: 1000 Gallons; STB 744 Date 7/18/06
Pump Tank: 1000 Gallons; PT 1283 Date 7/13/06
Pump Make: Goulds Model WE5 Serial No.
Nitrification Field: No Fields 1 Square Feet 1530 Linear Feet 510
No Lines 6 @ 85' Trench Width 36" Max Trench Bottom Depth 28"

☑ New System ☐ Repair System Type: I, II, (III), IV, V, VI
System Description: Pump offsite 50% Reduction
Repair System Description: SAME
Maintenance Agreement Required: ☐ Yes ☑ No
Gravel Depth N/A ☐ Slab ☑ Crawl Space ☑ Basement w/plumbing ☐ Basement wo/plumbing

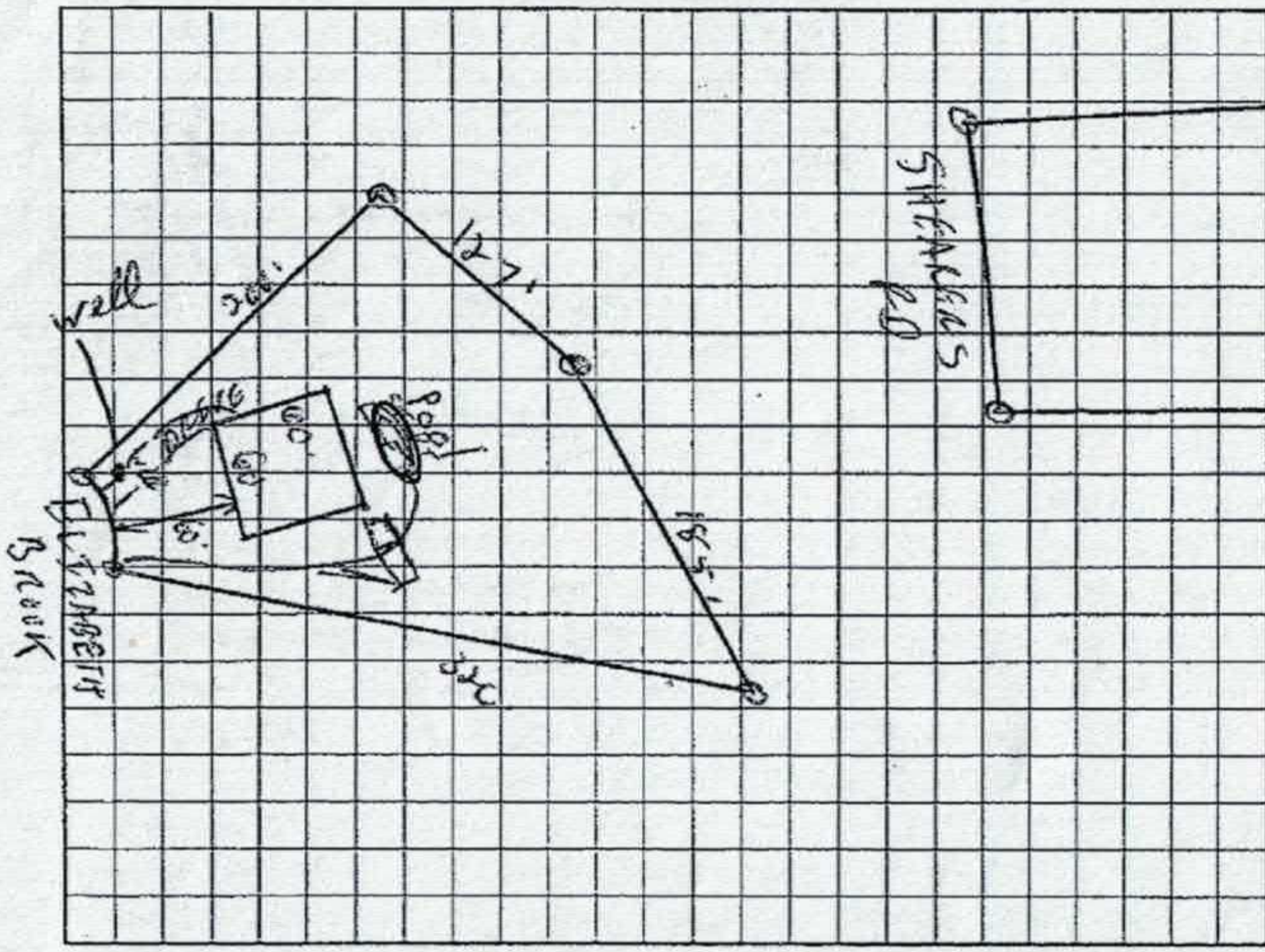
☐ House/Mod. Home No. Bedrooms 4
☐ Mobile Home No. Bathrooms 4
☐ Business No. Employees
☐ Other

Water Supply: ☑ Individual ☐ Public ☐ Community

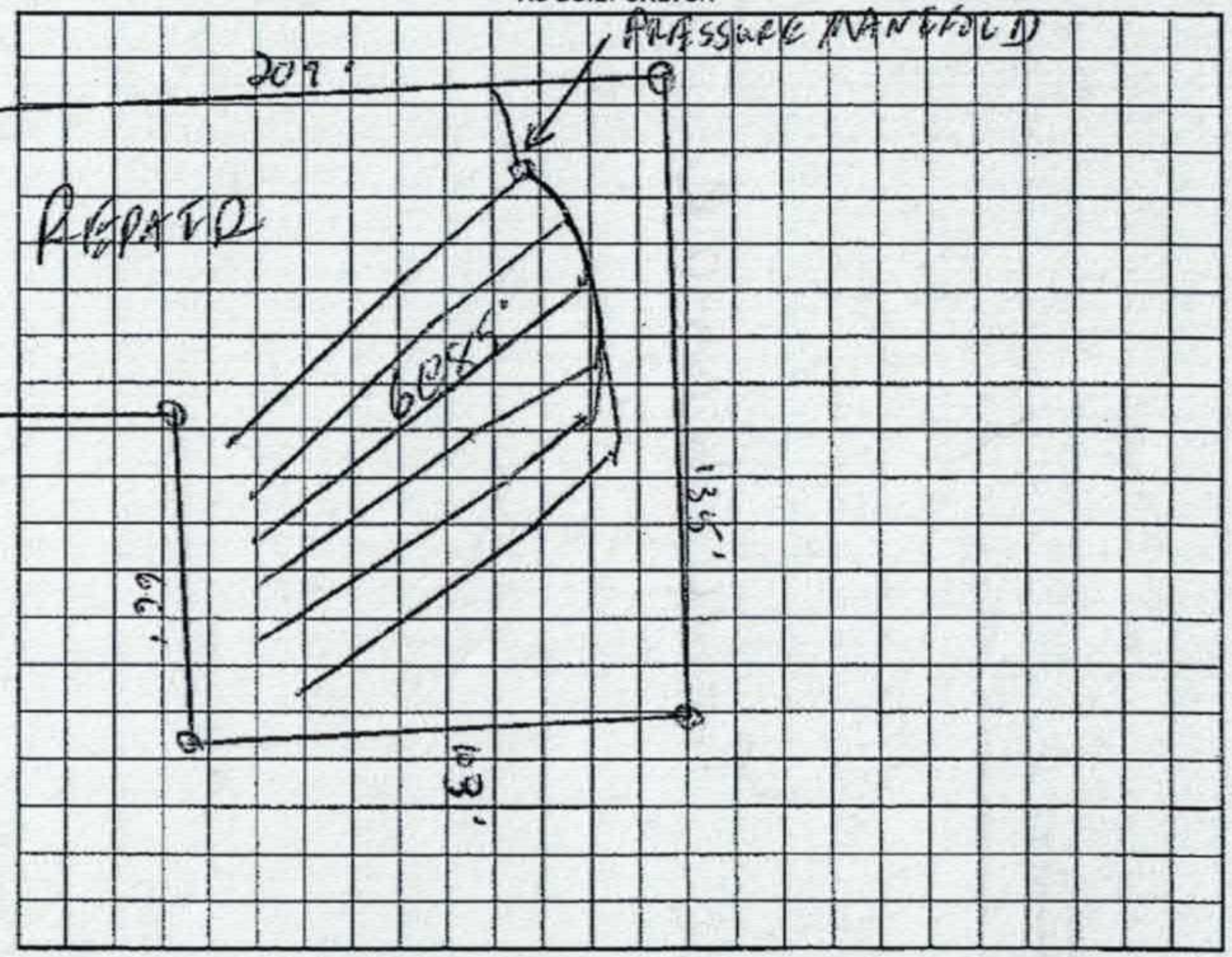
Comments:/Conditions: SUPPLY LINE TO BE CLOSER THAN 50' TO WELL - SUPPLY LINE TO BE CONSTRUCTED OF SIMILAR LEAKPROOF PIPE WITH MECHANICAL JOINTS EQUIVALENT TO WATER MAIN STANDARDS.

Comments:/Conditions:

INITIAL SITE SKETCH




AS BUILT SKETCH




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Signed: [signature] date 5/17/05
Improvement Permit by: [signature] RS date 4/20/05
Authorization to Construct by: [signature] RS. date 11/23/05
Installed by: Tucker
Operation Permit by: [signature] RS. date 9/15/06
Existing System Inspection by: date

HEALTH DEPT. COPY: WHITE OWNER COPY (FINAL): YELLOW OWNER COPY (INITIAL): PINK