IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 212228

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

PIN # 4664-56-3529

APPLICANT: ASHLEY ROLLANS APPLICANT ADDRESS: PO BOX 832 MOORESVILLE, NC 28115

SITE ADDRESS: 126 ELIZABETH BROOK DR - Davidson PHONE: 704-746-5046 ALT. PHONE:

SITE DIRECTIONS: SHEARERS, TL ANNISTON, TR LOGAN, TR ELIZ. BROOK, C END

SUBDIVISION: ANNISTON SECTION: 1 LOT # 40 LOT AREA: 1.8 AC DESIGN FLOW: 480 L.T.A.R.: .25

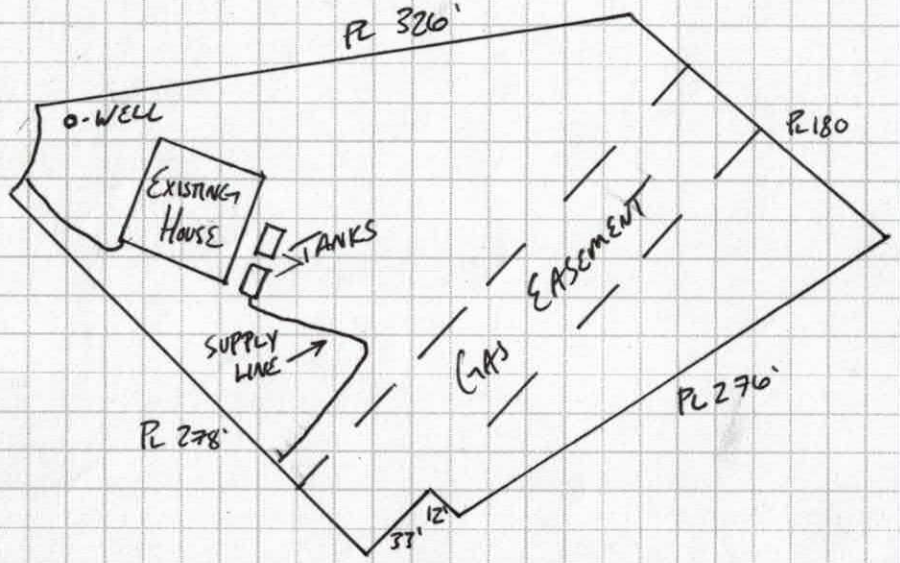
Septic Tank ____ (gal)	STB ____	Date ____	☐ New System	☒ Repair	☐ Expansion	System Type: I II III IV V VI	☒ Residence	No. Bedrooms 4	Water Supply
Pump Tank ____ (gal)	PT ____	Date ____	System Description: REPLACE CHAMBERS				☐ Business	No. Persons ____	☒ Private
Pump Make ____	Model ____	Serial # ____	Repair System Description:				☐ Other	No. Employees ____	☐ Public
# Nitrification Fields ____	# Lines EXISTING	Linear Ft: ____	Maintenance Agreement Required:		☐ YES	☒ NO	☐ Slab	☐ Crawl Space	☐ Community
Trench Width ____	Max. Trench Bottom Depth ____	Gravel Depth ____			☐ GRAVITY	☒ PRESSURE	☒ Basement w/plumbing		☐ Basement w/o plumbing

Comments / Conditions:

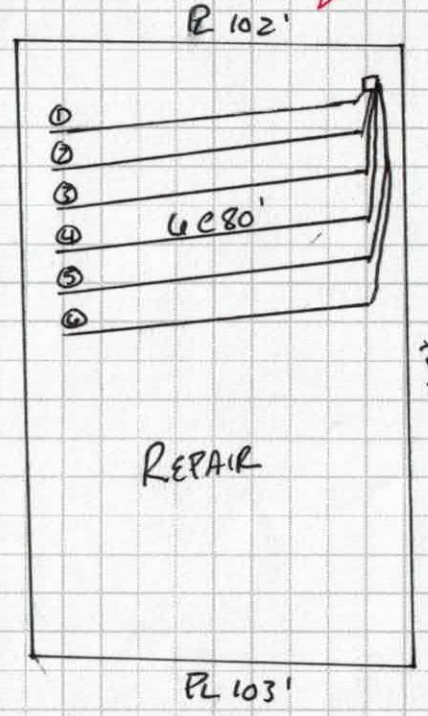
Off site Repair on Lot: COS #86
PIN #4664.47.9424

INITIAL SITE SKETCH

1"=50'



AS BUILT SKETCH



LINES 1, 5, 6 APPEAR TO HAVE CRUSHED CHAMBERS.

LINE 1 = LAST CHAMBER
LINE 5 = WHOLE LINE
LINE 6 = LAST 15-20'

DIG OUT DAMAGED CHAMBERS & REPLACE W/ SAME PRODUCT.

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**

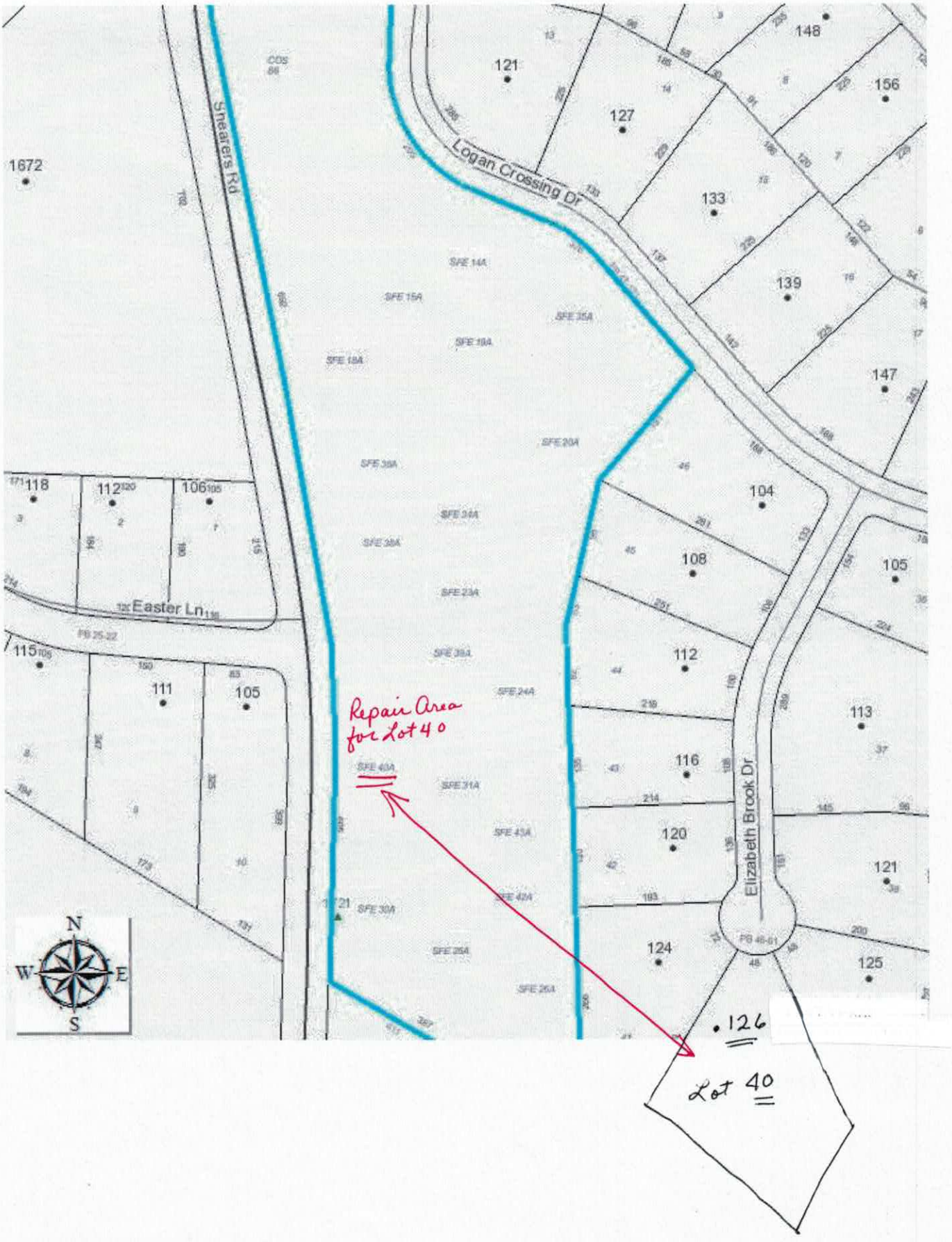
☐ **IMPROVEMENT PERMIT** *with plat valid without expiration.* ☐ **IMPROVEMENT PERMIT** *with site plan valid for 60 mos.* ☒ **AUTHORIZATION TO CONSTRUCT** *valid for period equal to IMPROVEMENT PERMIT--not to exceed 60 mo.*

Owner / Applicant Signature: Date: 11/3/15 Installed by: Lutz Wastewater

IMPROVEMENT PERMIT by: Date: APPROVED AUG 10 2015 OPERATION PERMIT by: Date: 8/31/2018

AUTHORIZATION TO CONSTRUCT by: Date: APPROVED AUG 10 2015 Existing System Inspected by: Date:

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


Sneares Rd
Logan Crossing Dr
Easter Ln
Elizabeth Brook Dr
Repair Area for Lot 40
Lot 40
126
N
W
E
S
1672
121
148
156
127
133
139
147
104
108
105
112
113
116
120
121
124
125
118
112
106
115
111
105

RECEIVED JUL 2 2 2015 Paid $150 Repair Permit Needed

RECEIVED JAN 3 0 2015 For Evaluation No Chg. #212228

IREDELL COUNTY HEALTH DEPARTMENT

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: Ashley Rollans **Address:** P.O. Box 832, Mooresville NC 28115 **Phone:** (704) 746-5046

Owner Name: Sara Candellaria **Address:** _____ **Phone:** _____

Property Information:

Street Address: 126 Elizabeth Brook

Subdivision Name: Amiston **Section/Phase:** I **Lot Number:** 40

Driving Directions: _____

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: 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:** 2-2-07

( ) No Preference ( ) Alternative ( ) Conventional ( ) Innovative ( ) Modified Conventional ( ) Other: _____

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: Chad. Wyl _____ 1-30-15

Property owner or owner's legal representative signature (SIGNATURE REQUIRED) 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, Donna Candelaria, am the legal owner of the property located at 126 Elizabeth Brook Drive, 28036 identified as PIN(Parcel Identification Number)_____, located in Iredell County, North Carolina.

I do hereby authorize (print authorized agent/company name) Rollins Soil & Environmental Service_____, _____, _____, 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.

Donna Candelaria 9-11-2015

Signature of Owner Date

Signature of Witness 9/11/15

Date

IREDELL COUNTY HEALTH DEPARTMENT

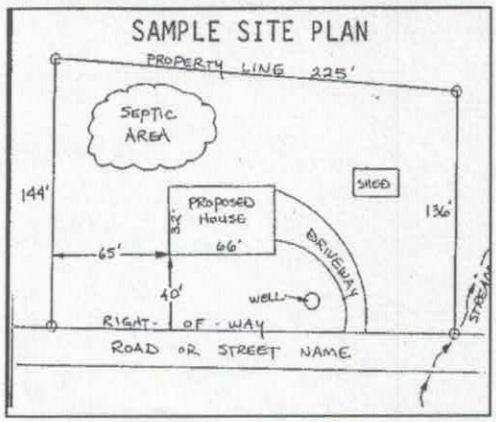
ENVIRONMENTAL HEALTH DIVISION

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:

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

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 Septic Permit

Signature: Chad A. Wagner

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

1-30-15

DATE

IREDELL COUNTY HEALTH DEPARTMENT — STATESVILLE 704-878-5305 — MOORESVILLE 704-664-5281

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

PERMIT# 123791 PIN# 4664670378.000 4664563529 DATE 4/20/05

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

ADDRESS 1705 HEATON DRIVE SUITE 207-C CORNELIUS NC 28031

LOCATION SITEARRES RD- SEPTIC ON LEFT PAST ANNESTON - LTR ANNESTON - TR LOGAN - TL ELIZABETH LOT AT END

SUBDIVISION ANNESTON BLOCK / SECTION 1 LOT 40 LOT AREA 1.5 AC SITE CLASS PS DESIGN FLOW 480GPD L.T.A.R. .25000/EFA

Septic Tank: 1000 Gallons: STB 794 Date 6-13-06
Pump Tank: 1000 Gallons: PT 283 Date 11-21-06
Pump Make: Goulds Model WE15121HD Serial No.
Nitrification Field: No Fields 1 Square Feet 1440 Linear Feet 480
No Lines 6 Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth N/A

☑ New System ☐ Repair System Type: I, II, III, IV, V, VI
System Description: PUMP 25% TO ROAD OFFSITE
Repair System Description: LPPANEL OFFSITE
Maintenance Agreement Required: ☐ Yes ☑ No

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

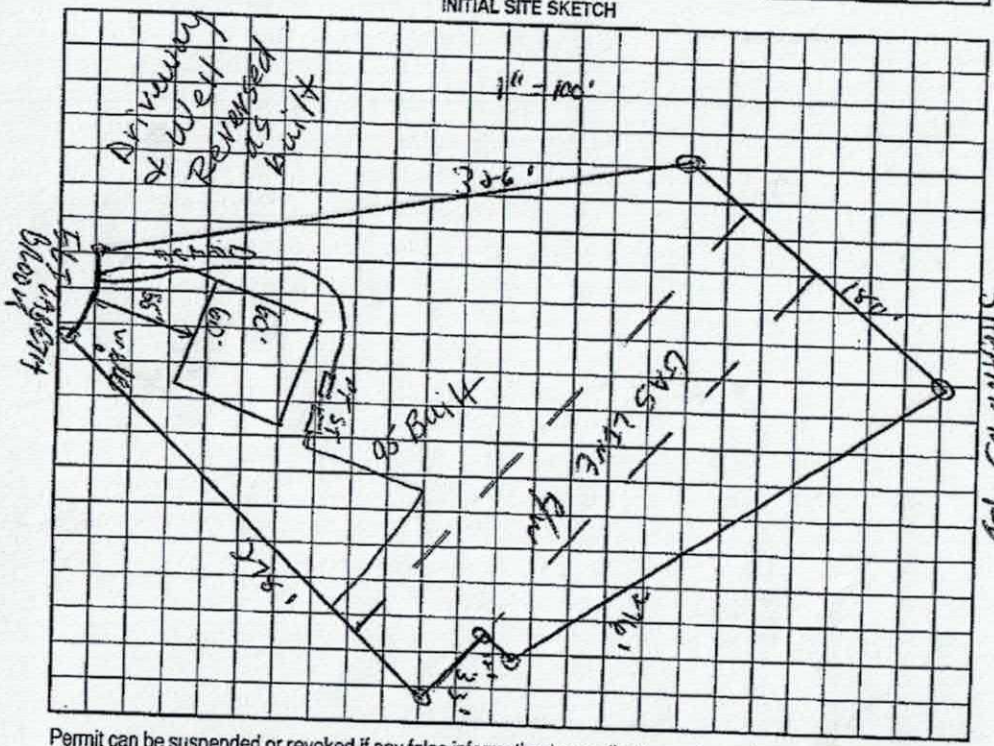
☐ Slab ☐ Crawl Space ☑ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☑ Individual ☐ Public ☐ Community

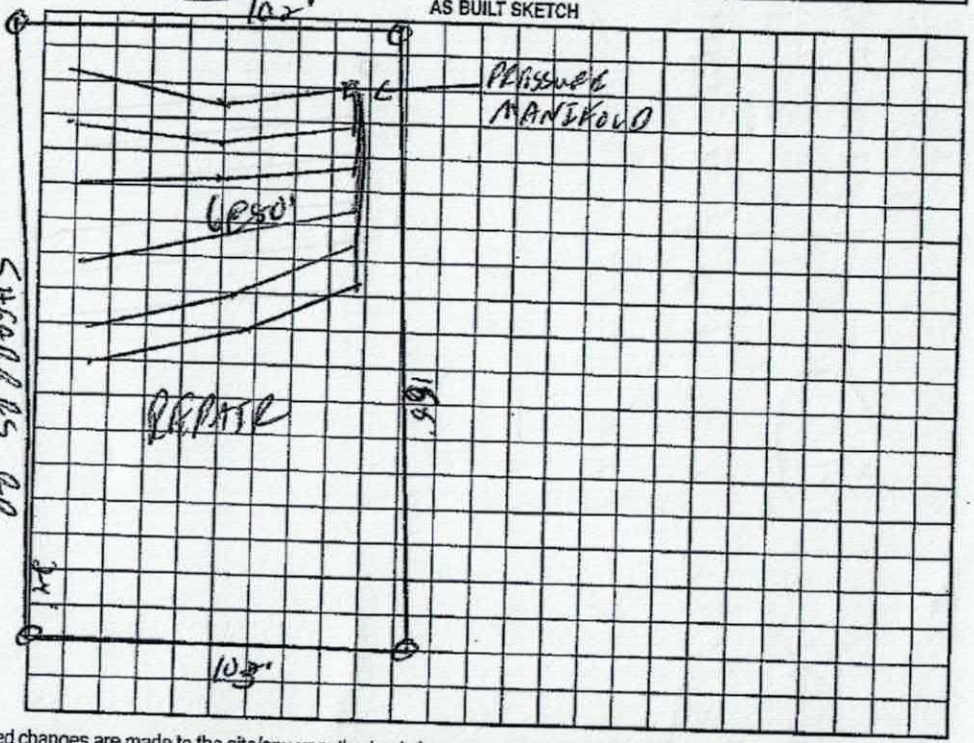
Comments/Conditions: 30" DEEP OF GREATER UNDER DRIVE WITH SUPPLY LINE

Comments/Conditions: ST W/ MARKER PT W/ RISER RED POLY LOK FILTER

INITIAL SITE SKETCH



AS BUILT SKETCH



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Signed: [signature] date 5-1-05

Improvement Permit by: [signature] RS date 4/20/05

Authorization to Construct by: [signature] RS date 2/9/06

Installed by: Marty Tucker

Operation Permit by: [signature] date 2-2-07

Existing System Inspection by: date

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