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IREDELL COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

PAGE 1: *APPLICATION FORM*

Paid $320.00
Intermediate Relayout
202358

Application For:

(X) Septic Improvement Permit | (X) New Well Permit | ( ) Authorization to Construct | ( ) Well Repair Permit | ( ) Existing System Inspection | ( ) Well Abandonment | ( ) 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:

Place an (X) beside whichever is submitted if applicable

( ) Survey Plat, scaled no more than 1 inch = 60 feet

( ) Custom Site Plan, scaled no more than 1 inch = 60 feet

Applicant Information:

Applicant Name: Justin Bayer **Address:** 1275 Cross Pointe Dr Statesville NC 28677 **Phone:** 518 978-7303

Owner Name: Justin Bayer **Address:** _____ **Phone:** _____

Property Information:

Street Address: 221 Lagoon Crossing Dr. Davidson, NC

Subdivision Name: Davidson **Section/Phase:** 1 **Lot Number:** 28

Driving Directions: located in Davidson sub-division off Shearers Rd. At very end of Lagoon Crossing Dr.

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

(X) New Single Family Residence
( ) New Multi-Family Residence
( ) Accessory Building
( ) Bedroom(s) Addition

Maximum Number of Bedrooms: 4
Maximum Number of Occupants: 4
( ) Swimming Pool
( ) Other Addition/Structure: _____

( ) Crawl Space Foundation
( ) Concrete Slab Foundation
(X) 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:

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

Desired Septic System Type: *(you may rank in order of preference)*

( ) No Preference ( ) Alternative ( ) Conventional (X) Innovative ( ) Modified Conventional (X) Other: 25% or reduction

Year existing system installed: _____

Please answer the following to the best of your ability:

( ) Yes (X) No Does the site contain any jurisdictional wetlands?
( ) Yes (X) No Is any non-domestic sewage (i.e. industrial) to be generated?
( ) Yes (X) 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: _____
Property owner or owner's legal representative signature (SIGNATURE REQUIRED)

2/9/15
DATE

IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 202358

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

PIN # 4664 66 5007

APPLICANT: Brandon Holloway APPLICANT ADDRESS: 147 English Hills Dr. Mooresville NC 28115

SITE ADDRESS: 221 Logan Crossing Dr. Davidson NC 28036 PHONE: 704-715-6539 ALT. PHONE:

SITE DIRECTIONS: Shearers Rd TL Anniston Way TR Logan Crossing at end of cul-de-sac

SUBDIVISION: Anniston SECTION: 1 LOT # 28 LOT AREA: 5.787 Ac. DESIGN FLOW: 480 gpd L.T.A.R.: .3 gpd/ft²

Septic Tank 1000 (gal) STB Date
Pump Tank (gal) PT Date
Pump Make Model Serial #
Nitrification Fields 1 # Lines 6 Linear Ft: 400
Trench Width 36" Max. Trench Bottom Depth 30" Gravel Depth NA

☒ New System ☐ Repair ☐ Expansion System Type: I II (III) IV V VI
System Description: 25% Reduction Gravity
Repair System Description: LP PPBPS
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:
Fill rills/gullys with debris-free soil

INITIAL SITE SKETCH

See Plan from Rollans Soil & Environmental Services
Approved by ICHD

AS BUILT SKETCH

REVOKED

---IMPROVEMENT PERMIT ONLY---
DO NOT ISSUE BUILDING PERMIT!
FLOOR PLAN STILL NEEDED!

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: 12/30/14 Installed by:

IMPROVEMENT PERMIT by: Lindsay Melville REHS Date: 3-24-14 OPERATION PERMIT by: Date:

AUTHORIZATION TO CONSTRUCT by: Date: Existing System Inspected by: Date:

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