IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 206479

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

PIN # 4660931834.0

APPLICANT: Travis McFarland APPLICANT ADDRESS: 422 Shinnville Rd Mooresville, NC 28115

SITE ADDRESS: 422 Shinnville Rd Mooresville, NC 28115 PHONE: 7047467628 ALT. PHONE:

SITE DIRECTIONS: US21/Hwy 115 TR Shinnville Rd on right after Pondview before Copperhead

SUBDIVISION: Mark & Kitty McFarland SECTION: — LOT# 1 LOT AREA: 3 Ac DESIGN FLOW: 480gpd L.T.A.R.: .35

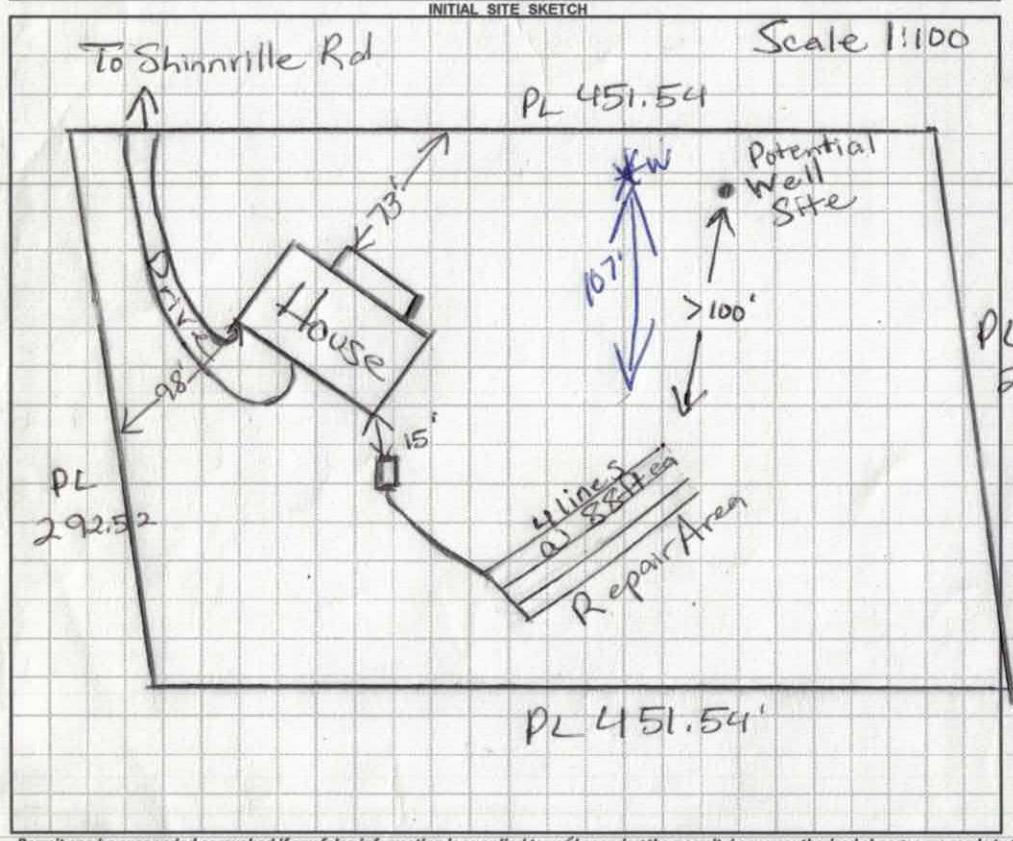
Septic Tank	1000 (gal)	STB	825	Date	1-11-16	☒ New System ☐ Repair ☐ Expansion System Type: I II III IV V VI	☒ Residence	No. Bedrooms	4
Pump Tank	(gal)	PT		Date		System Description: Gravity - 25% Reduction	☐ Business	No. Persons	8
Pump Make		Model		Serial #		Repair System Description: Same	☐ Other	No. Employees	
# Nitrification Fields	1	# Lines	4 @ 88'	Linear Ft:	352ft	Maintenance Agreement Required: ☐ YES ☒ NO	☐ Slab	☐ Crawl Space	
Trench Width	36"	Max. Trench Bottom Depth	36" *	Gravel Depth		☒ GRAVITY ☐ PRESSURE	☐ Basement w/plumbing	☐ Basement w/o plumbing	

Water Supply: ☒ Private ☐ Public ☐ Community

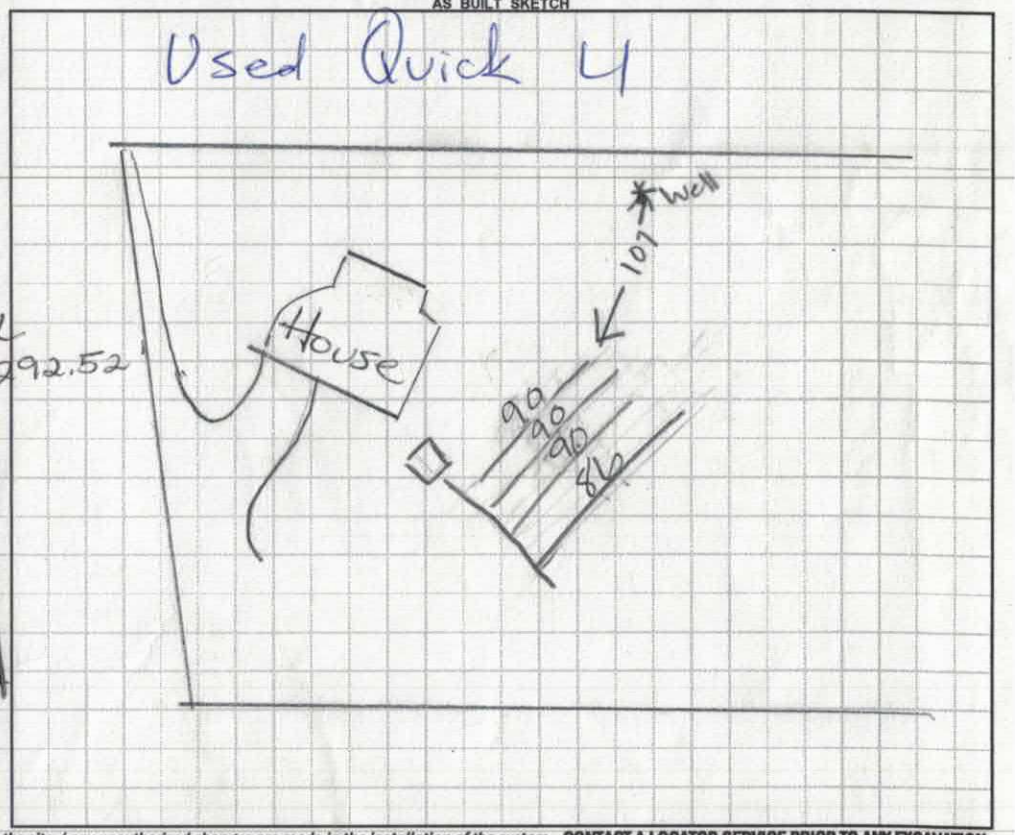
Comments / Conditions: * Install trenches @ 36" to get into Saprolite with higher L-TAR

Keep Septic 100ft from well
22, 22, 22, 21
107 from Septic to 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: 3/14/16 Installed by: Rowan Septic

IMPROVEMENT PERMIT by: Maria Dolson RS Date: 3/12/16 OPERATION PERMIT by: Maria Dolson RS Date: 3/29/16

AUTHORIZATION TO CONSTRUCT by: Maria Dolson RS Date: 3/12/16 Existing System Inspected by: Date:

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

RECEIVED MAR 3 - 2016

IREDELL COUNTY HEALTH DEPARTMENT *ENVIRONMENTAL HEALTH DIVISION* 4:30

(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) Paid $105.00

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 Ltd Relayout #206479

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

3. **Applicant Information:**

Applicant Name	Mailing Address	Home Phone #	Alternate Phone #
Travis McFarland	422 Shinnville Rd	704-746-7628	704 746 7628
Owner Name	**Mailing Address**	**Home Phone #**	**Alternate Phone #**
Travis McFarland	422 Shinnville Rd	704-746-7628	

4. **Property Information:**

Street Address	Subdivision Name	Section/Phase and Lot Number
422 Shinnville Rd Mooresville NC 28115	Marie Kitty McFarland	Lot 1

Driving Directions: 115 towards Troutman right Shinnville Rd 1½ 422 on right orange cone end of Driveway

5. **RESIDENTIAL Site Development Information:** *(Check or Complete ALL that apply)* Reduce Bed. Ct.

(✓) New, Single Family Residence
( ) New, Multi-Family Residence
( ) Expansion of Existing Septic System
( ) Repair To Failing Septic System due to _____
( ) Other _____

Maximum Number of Bedrooms 4
Maximum Number of Occupants 4
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:**

(X) 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 (X) Conventional ( ) Innovative ( ) Modified Conventional ( ) Other _____

8. 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. 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: _____ 3/3/16

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

TMcFarland@Redhorseracing.com