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

(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)

1. APPLICATION FOR: ___ Improvement Permit ___ Authorization To Construct ___ BOTH _X_ Existing System Inspection

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
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 #
HARRY A SLoop JR	2621 Landon Rd Mooresville NC 28115	704 663 6383	
Owner Name	Mailing Address	Home Phone #	Alternate Phone #
864-542-3217			

4. Property Information:

Street Address	Subdivision Name	Section/Phase and Lot Number
471 Linwood Road		

Driving Directions: N Main Street East to Linwood Rd - Right on Linwood Rd Drive 1/2 mile to end of white fence - turn at end of fence - drive 2/10 mile to end of drive way - house is there

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 Backing up
( ) 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 ___
Maximum Number of Seats ___

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 1954 (Year)

( ) Alternative (✓) Conventional ( ) Innovative ( ) Modified Conventional ( ) Other ___ ( ) No Preference

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: Harry A Sloop JR — 7-22-14
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) — DATE

IREDELL COUNTY HEALTH DEPARTMENT
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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…
SHOW: proposed house or business footprint, wells, water lines, patios, pools and decks, and any other item that will occupy space on the site
____ Front and side setbacks from property line…
____ Preferred driveway location and configuration, preferred well location…
____ Area you prefer your septic system to be placed…
____ North arrow, or other sufficient indicator of direction…

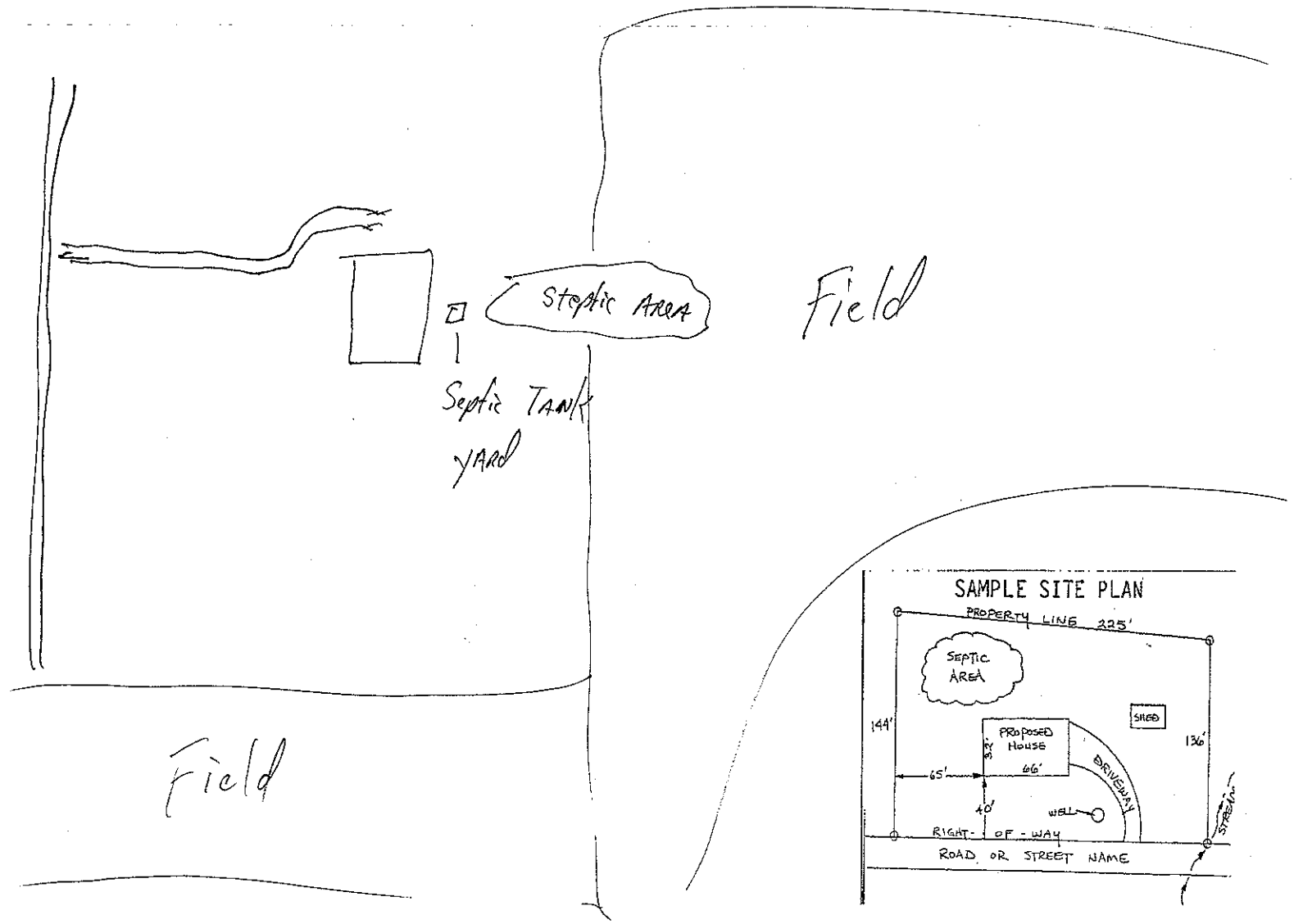
Circle N/A on the following if appropriate:

____ 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

Signature: Harry A Sloop, Jr _____ _____

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

USE THIS SPACE TO DRAW YOUR SITE PLAN



DENR/DEH

ON-SITE WASTEWATER SECTION

Sheet 1 of 1
PROPERTY ID #: 4676-28-53
COUNTY: Iredell

SOIL/SITE EVALUATION
for ON-SITE WASTEWATER SYSTEM

OWNER: Harry A Sloop
ADDRESS: 2621 London Rd Mooresville NC
APPLICATION DATE 3-10-14
PROPOSED FACILITY: Repair of 3BRM
PROPOSED DESIGN FLOW (.1949): 360gpd
DATE EVALUATED: 7-29-14
LOCATION OF SITE: 471 Linwood Rd
PROPERTY SIZE: 65.5ac
WATER SUPPLY: ☑ Private ☐ Public ☐ Well ☐ Spring ☐ Other
PROPERTY RECORDED: Yes
EVALUATION METHOD: ☑ Auger Boring ☐ Pit ☐ Cut
TYPE OF WASTEWATER: ☑ Sewage ☐ Industrial Process ☐ Mixed

PROFILE #	.1940 LANDSCAPE POSITION/ SLOPE %	HORIZON DEPTH (IN.)	SOIL MORPHOLOGY (.1941)		OTHER PROFILE FACTORS				PROFILE CLASS & LTAR
			.1941 STRUCTURE/ TEXTURE	.1941 CONSISTENCE/ MINERALOGY	.1942 SOIL WETNESS/ COLOR	.1943 SOIL DEPTH	.1956 SAPRO CLASS	.1944 RESTR HORIZ	
B 1	SS 15%	0-18	R CL WFSBk	Fr SS SP SEXP		18"	PS	—	PS .35 - .4
		18-48	Var SL SaPM	Fr SS SP SEXP	few RCL inclu				
B 2	SS 20%	0-18	R CL WFSBk	Fr SS SP SEXP		18"	PS	—	PS .4
		18-48	Var SL SaPM	Fr SS SP SEXP	Com CL				
B 3	SS 15%	0-6	D SCL Gr	Fr SS SP SEXP		14"	PS	—	PS .4
		6-14	R CL WFSBk	Fr SS SP SEXP					
		14-48	Var SL SaP	Fr SS SP SEXP	Com CL veins				

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)		PS
System Type(s)		Gravity, 25%
Site LTAR		0.4

OTHER FACTORS (.1946): None
SITE CLASSIFICATION (.1948): PS
EVALUATED BY: AcP
OTHER(S) PRESENT: Harry Sloop

COMMENTS: