Fri Oct 3 ------ 11:30-1:45

RECEIVED SEP 15 2014 DH

Paid $150.00 Existing System Insp. #205819

IREDELL COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
PAGE 1: *APPLICATION FORM*

Application For:
( ) Septic Improvement Permit
(✓) 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: Dean Sloan Address: Po Box 1653 Mooresville NC. 28115 Phone: 704 664 1847

Owner Name: Dean Sloan Address: Po Box 1653 Mooresville NC 28115 Phone: 704 664 1847

Property Information:

Street Address: 183 Woodwinds Mooresville NC. 28115

Subdivision Name: Quail Hill Section/Phase: _____ Lot Number: 44

Driving Directions: 77 S to Front Main exit 42 Right to Mooresville Left on 150 E Right on 152 Right on Brumley Rd Left on Woodwinds Last on Left Before Dirt Intersection

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: 2
Maximum Number of Occupants: 2
( ) 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: Presume Septic

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

9/14/14
DATE

IREDELL COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

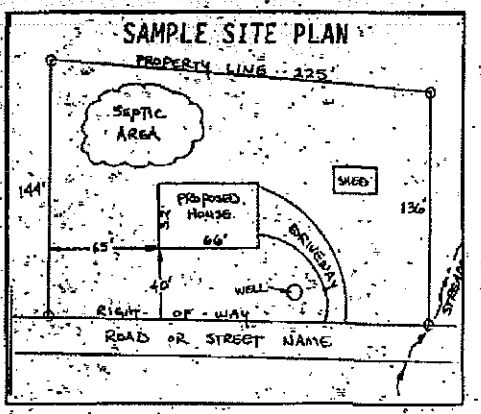
PAGE 2: *SITE PLAN WORKSHEET*

20589

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

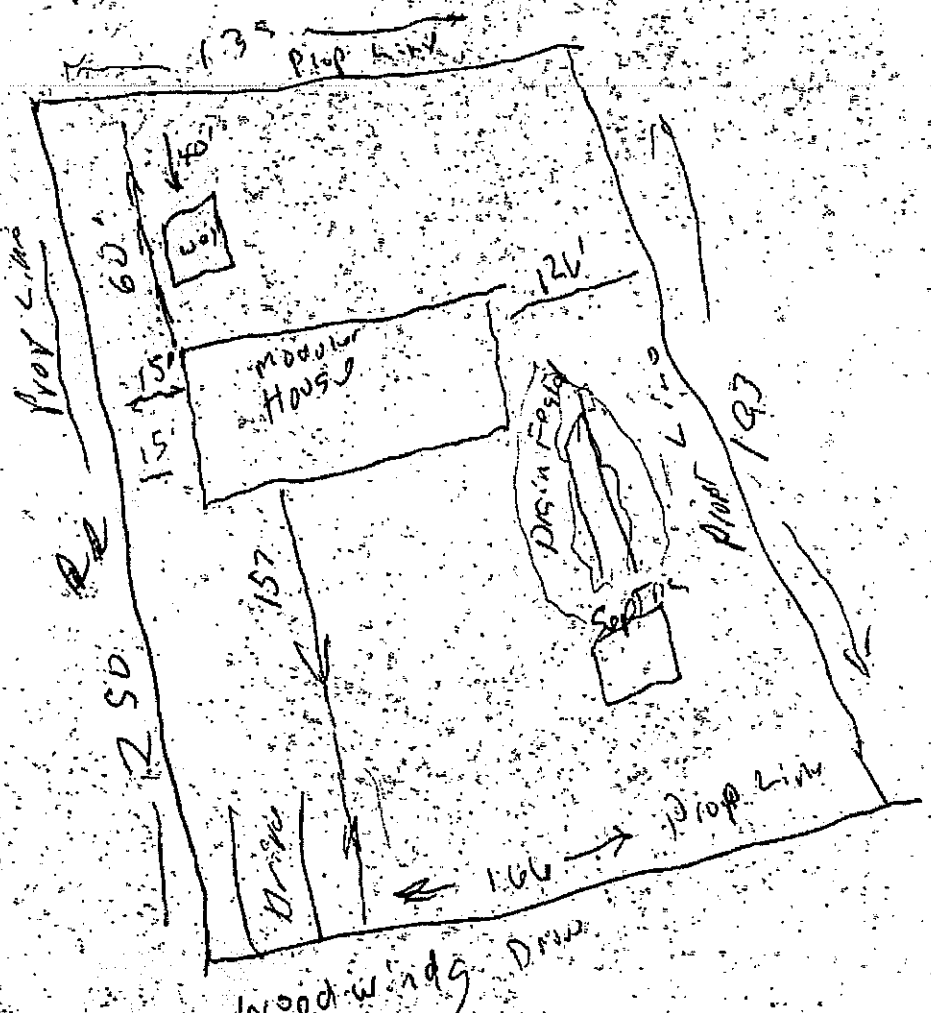


Circle N/A on the following if appropriate:

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

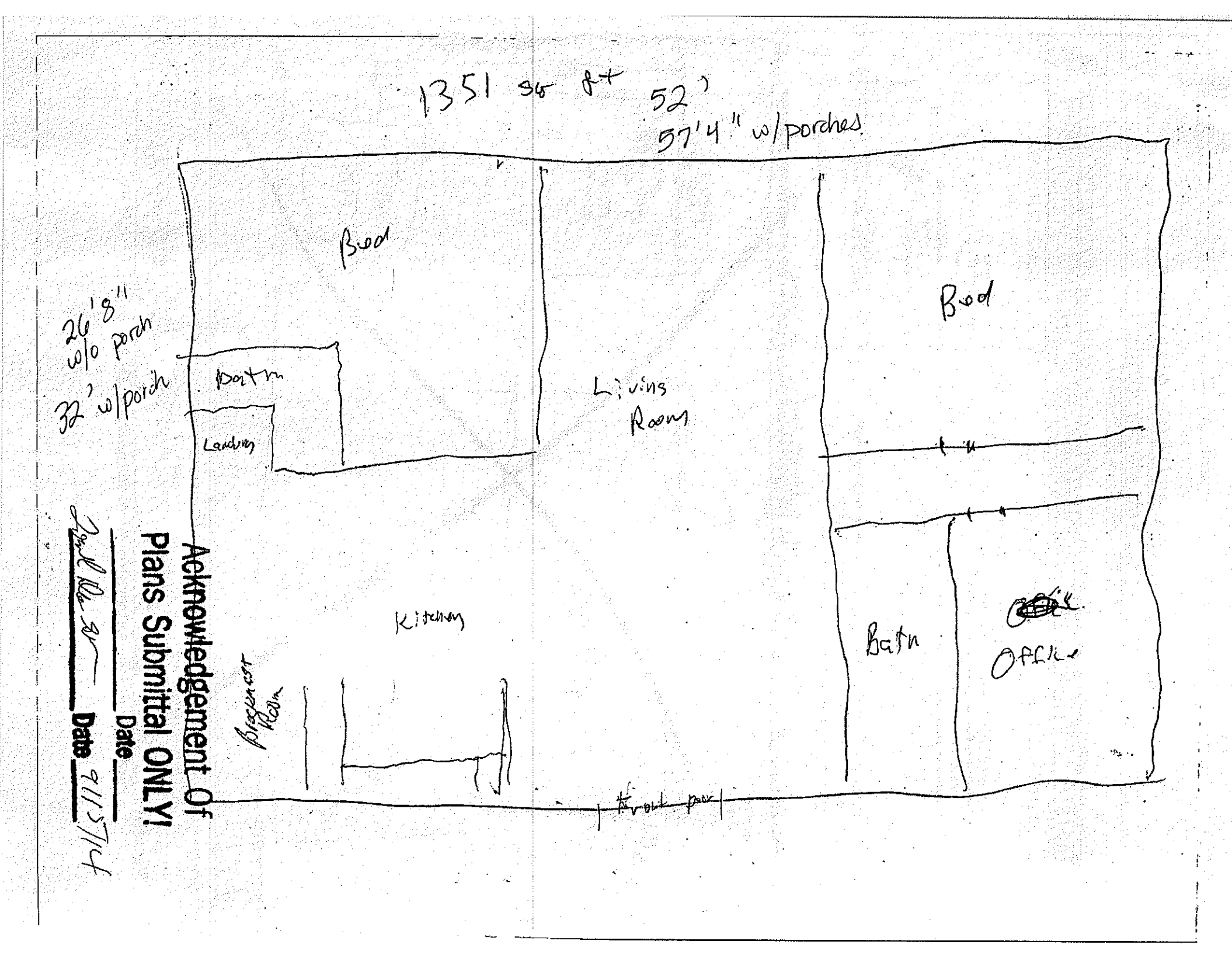
Show: proposed house or business footprint, wells, water lines, patios, pools and decks, and any other item that will occupy space on the site



Revised

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

9/4/14
DATE


1351 sq ft
52'
57'4" w/porches
Bed
26'8" w/o porch
32' w/porch
Bathm
Landing
Living Room
Bed
Kitchen
Bathm
Office
Front porch
Acknowledgement Of Plans Submittal ONLY!
Date
Date 9/15/14

IREDELL COUNTY HEALTH DEPARTMENT 4676-35-6833

(SEPTIC TANK) IMPROVEMENTS PERMIT AND CERTIFICATE OF COMPLETION
(Ground Absorption Sewage Disposal System -- G. S. Chapter 130-Article 13C)

OWNER OR CONTRACTOR Dean Sloan DATE 4/13/88 PERMIT NO.

PHONE: Business Home 664-1564

LOCATION South on Linwood Rd. to Brumley Tr. 1st Quail Hill ~1/2 mile on left. S. R. No.

SUBDIVISION NAME Quail Hill LOT NO. 44 SECTION OR BLOCK NO.

House ( ) Mobile Home (✓) Business ( ) Other

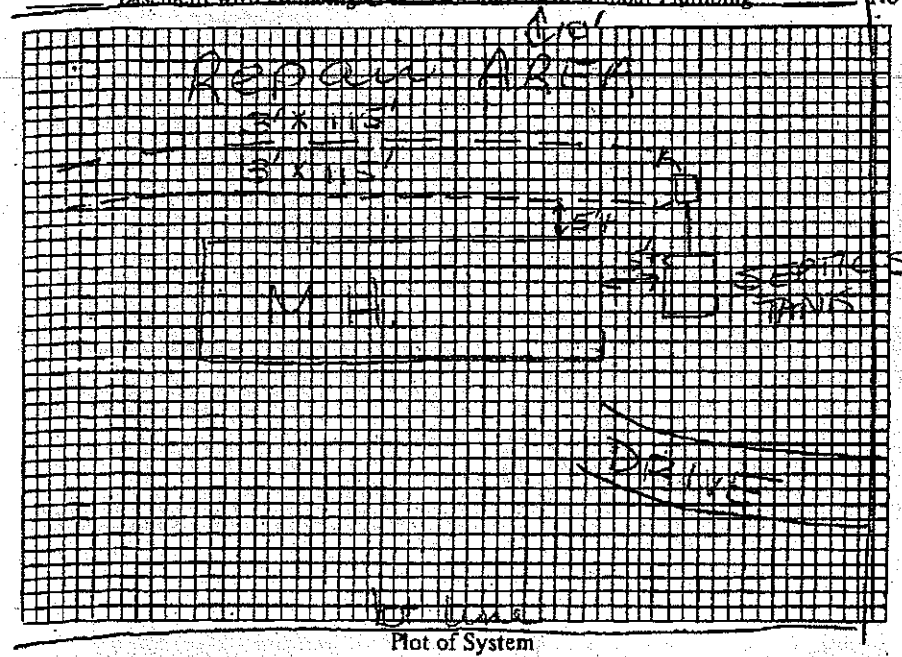
No. Bedrooms 2 No. Bathrooms 1

Garbage Disposal Unit Yes ( ) No (✓)
Auto. Dishwasher Yes ( ) No (✓)
Auto. Wash. Machine Yes (✓) No ( )
Site Suitable Yes (✓) No ( )

Character & Porosity of Soil Clayey
Percolation Rate ~35 gpd/ft²
Topography Gently
Depth to Water Table 4'+
Rock or other impervious formations none observed

Lot Area 20 000 ft² (3/4 ACRE)

___ Basement with Plumbing ___ Basement without Plumbing ✓ No Basement



Plot of System

Size of Tank 1000 Gals.
Nitrification Field:
No. of Lines 2
Sq. Ft. 690 Linear Ft. 230
Depth of Stone in Lines 12"
Water Supply: Individual (✓)
Public ( )

Installed by Dellingers.

I understand and agree to install septic tank system as specified on this Improvements Permit.

Signed: _____

IMPROVEMENTS PERMIT BY A.C.P.

COMMENTS:

CERTIFICATE OF COMPLETION BY Andrew C. Price DATE 4/13/88

EXISTING SYSTEM CHECKED BY: _____ DATE _____

CONSTRUCTION MUST COMPLY WITH ALL OTHER APPLICABLE STATE AND LOCAL REGULATIONS.

Permit is VOID if any unauthorized changes are made in installation of system and/or if any false information is supplied in making Improvements Permit.

Health Dept. Copy: White Inspection Dept. Copy: Yellow Sanitarian's Copy: Pink Owner's Copy: Gold