# IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625

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

PERMIT # 223311

APPLICANT: DARRELL JORDAN

PIN # ~~4733~~ 4674 37 9763

APPLICANT ADDRESS: 278 ALBERT RD MOORESVILLE, NC 28117

SITE ADDRESS: 544 BRUMLEY RD MOORESVILLE 28115 PHONE: 704-230-5452 ALT. PHONE:

SITE DIRECTIONS: N MAIN TR LINWOOD TL BRUMLEY - 9TH HOUSE ON (L) # 544

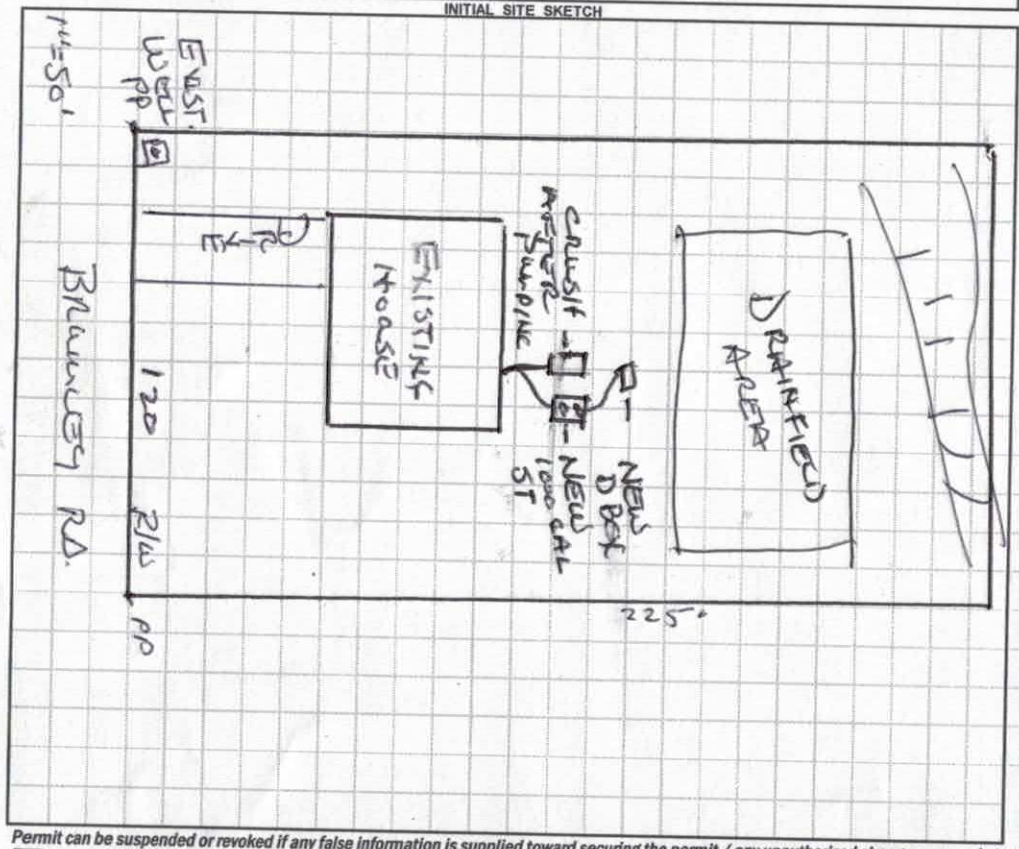
SUBDIVISION: NA SECTION: NA LOT # NA LOT AREA: .51 DESIGN FLOW: 360 L.T.A.R.: NA

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| Septic Tank | 1000 (gal) | STB 794 | Date 10/13/16 | ☐ New System | ☒ Repair | ☐ Expansion | System Type: (I) II III IV V VI | ☑ Residence | No. Bedrooms 3 |
| Pump Tank | (gal) | PT | Date | System Description: | REPLACE TANK | | | ☐ Business | No. Persons |
| Pump Make | Model | | Serial # | Repair System Description: | " | " | | ☐ Other | No. Employees |
| # Nitrification Fields | # Lines | | Linear Ft: | Maintenance Agreement Required: | ☐ YES | ☑ NO | | ☐ Slab | ☑ Crawl Space |
| Trench Width | Max. Trench Bottom Depth | | Gravel Depth | | ☑ GRAVITY | ☐ PRESSURE | | ☐ Basement w/plumbing | ☐ Basement w/o plumbing |

Water Supply: ☑ Private ☐ Public ☐ Community

Comments / Conditions: ENSURE PROPER GRADE TO INST. BOX AND EXISTING DRAINFIELD.

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: X [signature] 12-1-16 Date: Installed by: FJ Ervin

IMPROVEMENT PERMIT by: W Sparks Date: 12/1/16 OPERATION PERMIT by: W Sparks Date: 12/1/16

AUTHORIZATION TO CONSTRUCT by: W Sparks Date: 12/1/16 Existing System Inspected by: Date:

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

4676 37 9763

RECEIVED NOV 21 2016

# IREDELL COUNTY HEALTH DEPARTMENT ENVIRONMENTAL HEALTH DIVISION

*(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 ✓ Existing System Inspection

# 223311

2. Page 2: *Site Plan Worksheet* Form MUST Accompany This Application

Repair Evaluation - 4676 37 9763 1973

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

Paid $150.00

3. Applicant Information:

| | | | | |
|---|---|---|---|---|
| Darrell Jordan | 278 Talbert Rd Mooresville 28117 | | 704-230-5452 | |
| Applicant Name | Mailing Address | | Home Phone # | Alternate Phone # |
| Nancy Jordan | 159 McAdam Lane Mooresville 28117 | 704-663-3843 | 704-660-4962 | |
| Owner Name | Mailing Address | Home Phone # | Alternate Phone # | |

4. Property Information:

544 Brumley Rd Mooresville 28115

Street Address | Subdivision Name | Section/Phase and Lot Number

Driving Directions: North on Main street, right on Linwood Rd, left on Brumley around 8th house on left.

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 Crack + thin walls
( ) 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

No permit in DB CRACKED TANK Sending in AA

6. Proposed Water Supply:

( ) New Well (✓) Existing W ( ) City Water ( ) Other Public Water

7. Desired Septic System Type: ence, if any) (✓) EXISTING SYSTEM installed N/A Year

( ) Alternative ( ) Conventional ( ) Innovative ( ) Modified Conventional ( ) Other

8. Please Answer The Following ( ) Yes (✓) No Does the site contain any jurisdictional wetlands?
To The Best of Your Ability: ( ) 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: Darrell P Jordan

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

11-21-16

DATE

# IREDELL COUNTY HEALTH DEPARTMENT *ENVIRONMENTAL HEALTH DIVISION*:

## *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:**

X **Property Line measurements are clearly identified...** X **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***

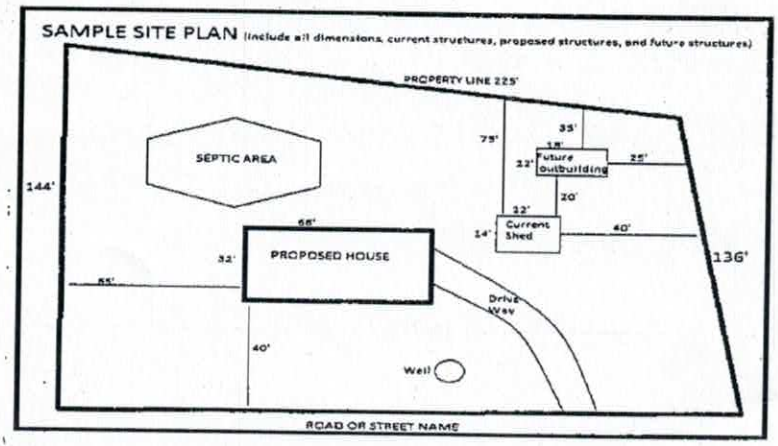
X **Front and side setbacks from property line...** X **Preferred driveway location and configuration, preferred well location...**

X **Area you prefer your septic system to be placed...** X **North arrow, or other sufficient indicator of direction...**

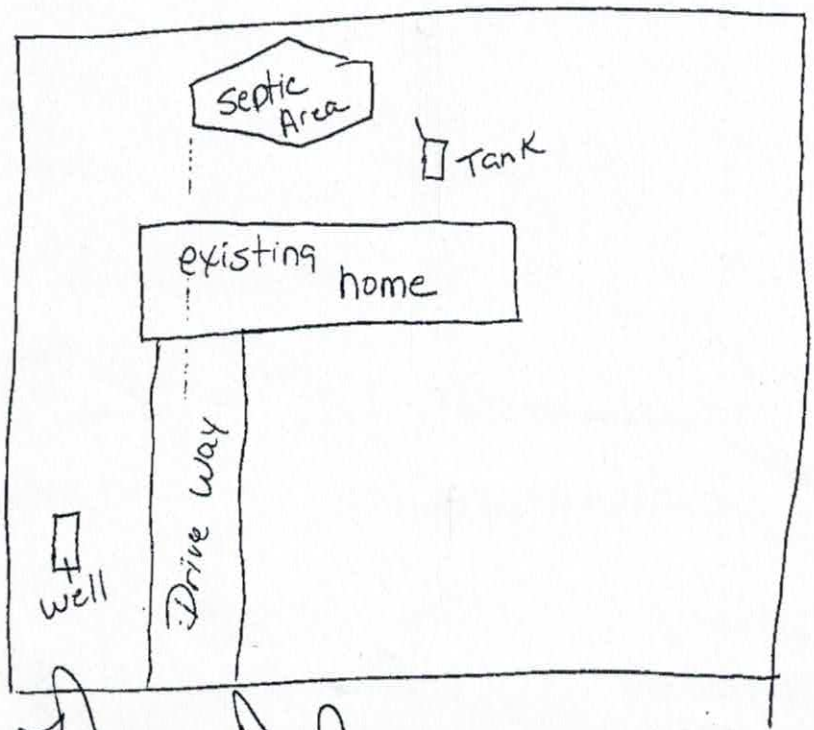
**Circle N/A on the following if appropriate:**

X **Location of septic systems and wells within 100' of your property...** (N/A)

X **Location of easements and rights of ways on your property...** (N/A) X **Location of any designated wetlands on the property...** (N/A)




**USE THIS SPACE TO DRAW YOUR SITE PLAN**




**Signature:** _____

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

11-21-16

DATE