FILE COPY # 209765

IREDELL 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:

William Loof	5920 Edmund Hwy, Lexington, SC 29073	803-269-0912	
Applicant Name	Mailing Address	Home Phone #	Alternate Phone #
William & Angela Loof	5920 Edmund Hwy, Lexington, SC 29073	803-269-0912	
Owner Name	Mailing Address	Home Phone #	Alternate Phone #

4. Property Information:

259 Barbary Dr.		
Street Address	Subdivision Name	Section/Phase and Lot Number

Driving Directions: Exit 42 off of I-77, Take Hwy 21 into Troutman, Take left onto Old Mountain Rd. Then left on Buffalo Shoals, Then Right on Eufola, and left on Barbary.

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
(X) Other Approve existing covered deck for permitting purposes

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 1999 *Year*

( ) Alternative ( ) Conventional ( ) Innovative ( ) Modified Conventional ( ) Other___

8. Please Answer The Following ( ) Yes (X) No Does the site contain any jurisdictional wetlands?
To The Best of Your Ability: ( ) Yes (X) 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: William Loof 4-14-15
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

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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:

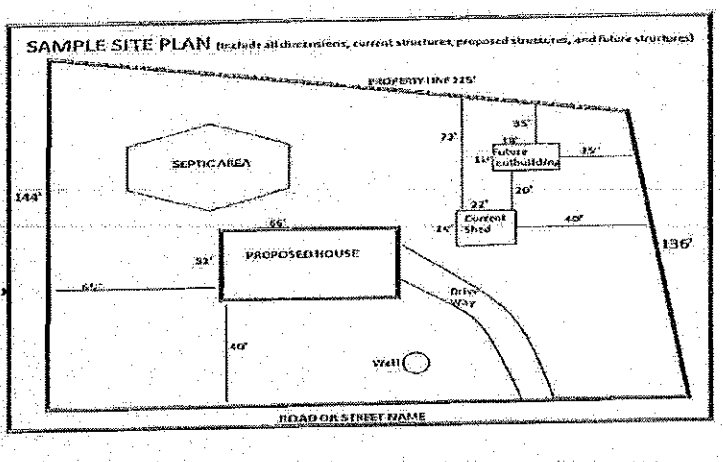
____ Property Line measurements are clearly identified...
____ All proposed structures are indicated...

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

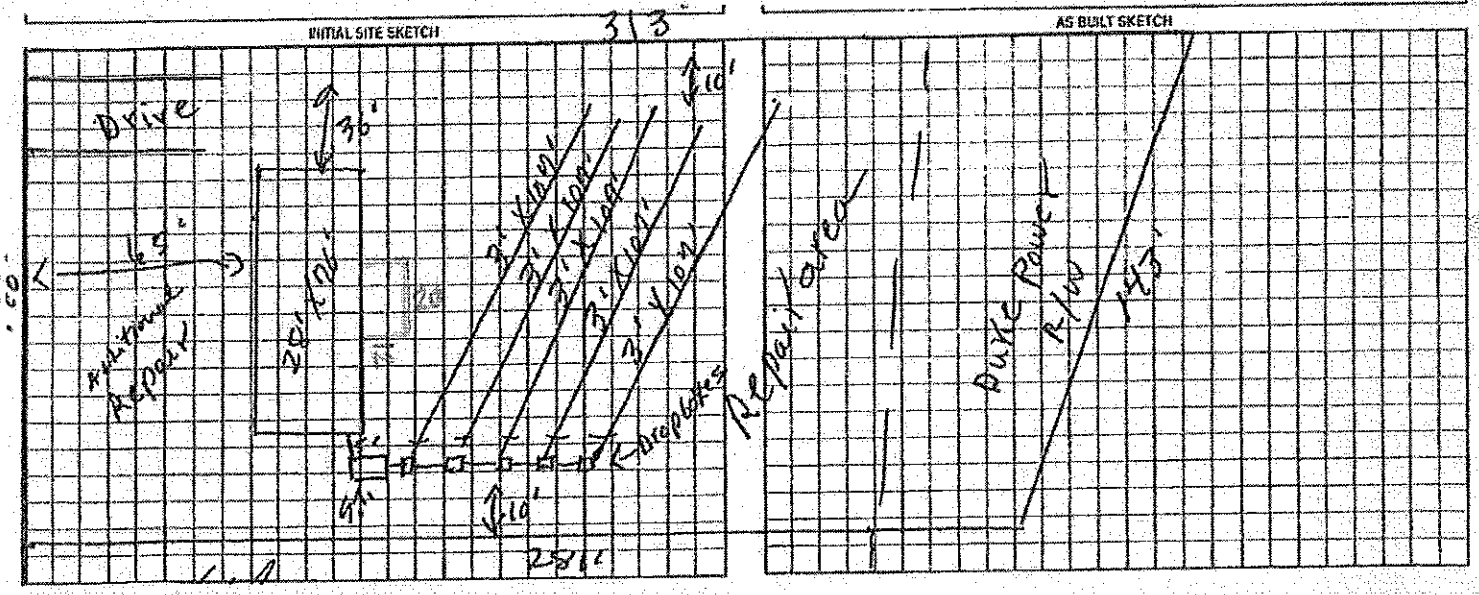
____ Front and side setbacks from property line...
____ Preferred driveway location and configuration, preferred well location...
____ Area you prefer your septic system to be placed...
____ North arrow, or other sufficient indicator of direction...

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



USE THIS SPACE TO DRAW YOUR SITE PLAN



Signature: William Loop
REQUIRED property owner or owner's legal representative signature.

4-14-15
DATE

IREDELL COUNTY HEALTH DEPARTMENT

STATESVILLE 704-878-5305 MOORESVILLE 704-664-5281

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

PERMIT# 78906 PIN# 4702835051 DATE 1-23-99

OWNER OR CONTRACTOR Bill Loof PHONE: Business Home 704 821 4012

ADDRESS 3901 Pleasant Plains Rd Stallings N.C.

LOCATION OMR TR Celeste Eudora TR Eudora TL Barbary on left before end

SUBDIVISION Landstowe BLOCK / SECTION LOT 23 LOT AREA .96 acres SITE CLASS. P5 DESIGN FLOW 480 L.T.A.R. .5

Septic Tank: 1000 Gallons; STB 1012 Date 2-1-99
Pump Tank: Gallons; PT Date
Pump Make: Model Serial No.
Nitrification Field: No Fields 1 Square Feet 1600 Linear Feet 533
No Lines 5 Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth 12"

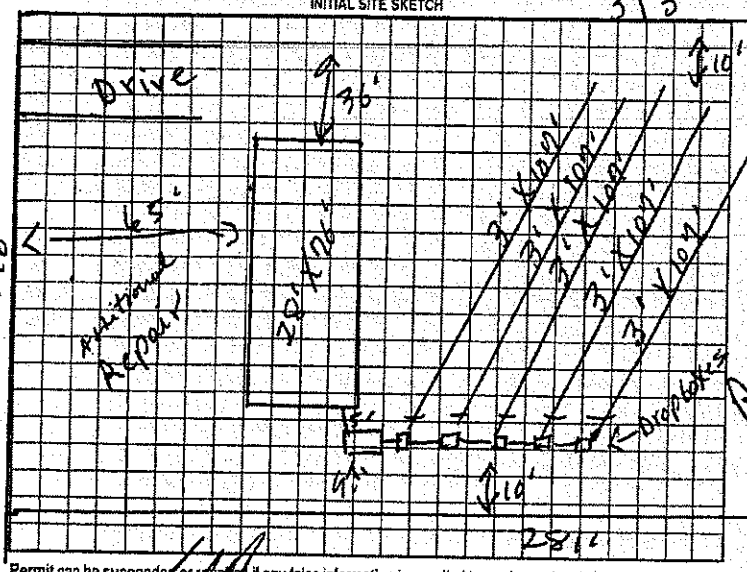
☑ New System ☐ Repair System Type: I II III IV V VI
System Description: Conv. Gravity
Repair System Description: 25% Ret Gravity
Maintenance Agreement Required: ☐ Yes ☑ No
☐ House/Mod. Home ☐ Mobile Home ☐ Business ☐ Other
No. Bedrooms 4 No. Bathrooms 2 No. Employees
☐ Slab ☑ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☐ Individual ☐ Public ☐ Community

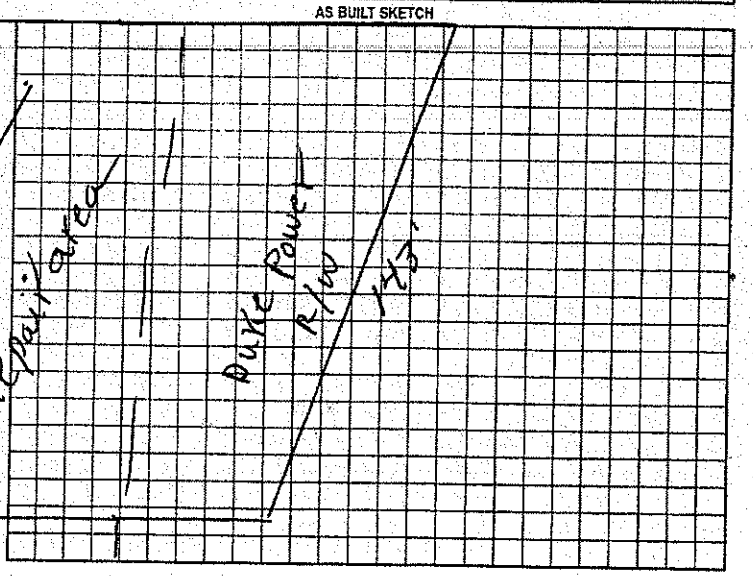
Comments/Conditions:

Comments/Conditions:

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. Improvement Permit with plat valid without expiration. Improvement Permit with site plan valid for sixty months. Authorization to Construct is valid for a period equal to that of Improvement Permit - not to exceed sixty months.

Signed: X [signature] date 1-23-99 Installed by: A-1 Backhoe

Improvement Permit by: P. C. Moore date 1-23-99 Operation Permit by: [signature] date 3-29-99

Authorization to Construct by: P. C. Moore date 1-23-99 Existing System Inspection by: date

HEALTH DEPT COPY WHITE OWNER COPY (FINAL) YELLOW OWNER COPY (INITIAL) PINK