ZO. 7.7.25
Ex Sys. 150.00

902127
78059

IREDELL COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

PAGE 1: *APPLICATION FORM*

Application For:
( ) New Well Permit ( ) Well Repair Permit ( ) Well Abandonment
(X) Septic Improvement Permit ( ) Authorization to Construct ( ) Existing System Inspection ( ) 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: ( ) Survey Plat, scaled no more than 1 inch = 60 feet
Place an (X) beside whichever is submitted if applicable ( ) Custom Site Plan, scaled no more than 1 inch = 60 feet

Applicant Information:

Pls. call to meet @ site

Applicant Name: Michisha Campbell Address: 173 horseshoe lp Statesville NC 28625 Phone: 7043802752

Owner Name: Same as above Address: _____ Phone: _____

Property Information:

Street Address: 173 horseshoe lp Statesville NC 28625

Subdivision Name: O M Perry Section/Phase: _____ Lot Number: 141

Driving Directions: Old Mtn rd. - T.R. on Massey Leal - T.R. on horseshoe lp home on right

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: 3
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: 84

( ) No Preference ( ) Alternative ( ) Conventional ( ) Innovative ( ) Modified Conventional ( ) Other: _____

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: M. Bell 3/9/14
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

PAID 289.05 C. card 3-11-14 @

IREDELL COUNTY HEALTH DEPARTMENT

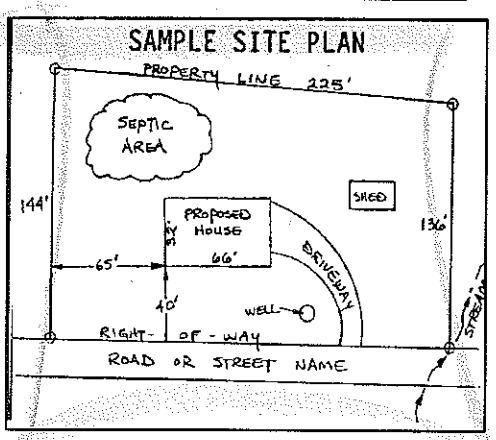
ENVIRONMENTAL HEALTH DIVISION

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
- ( ) 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

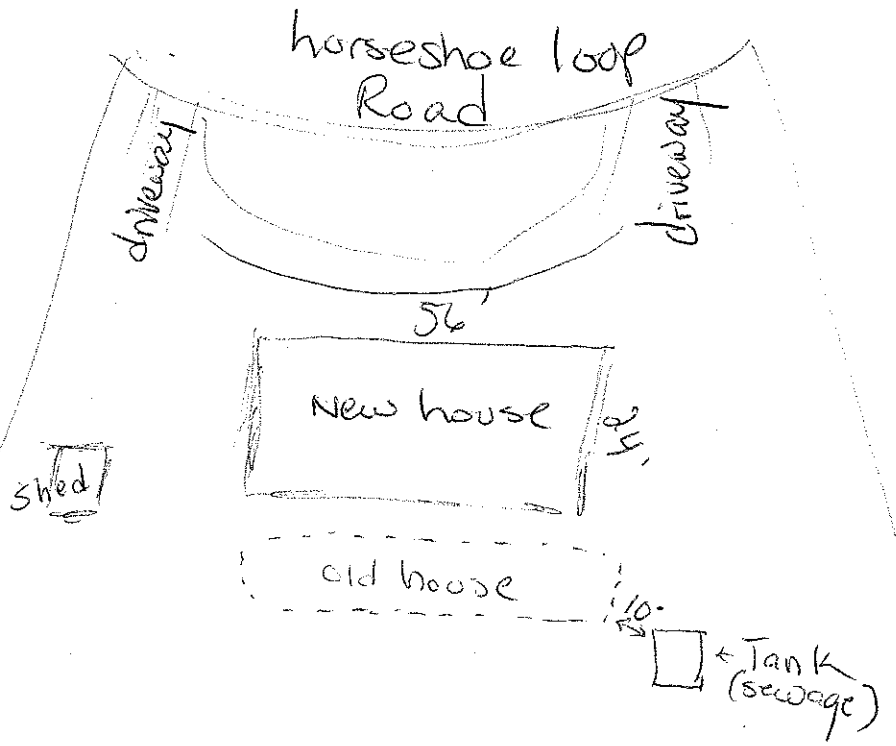


Circle N/A on the following if appropriate:

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



Signature: M Bell

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

3/9/14
DATE

01986

IREDELL COUNTY HEALTH DEPARTMENT

(SEPTIC TANK) IMPROVEMENTS PERMIT AND CERTIFICATE OF COMPLETION

(Ground Absorption Sewage Disposal System -- G. S. Chapter 130-Article 13C)

OWNER OR CONTRACTOR BART MILLSAPS DATE 12-31-84 PERMIT NO.

PHONE: Business Home

LOCATION Old Mocksville Rd. - T.R. on Messey Dead Rd. - T.R. on Horseshoe Loop - 2nd mobile home on (L).

SUBDIVISION NAME LOT NO. 9 S. R. No. SECTION OR BLOCK NO.

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

No. Bedrooms 3 No. Bathrooms 2

Garbage Disposal Unit Yes ( ) No (✓)

Auto. Dishwasher Yes ( ) No (✓)

Auto. Wash. Machine Yes (✓) No ( )

Site Suitable Yes (✓) No ( )

Lot Area Ample

Character & Porosity of Soil Clays III

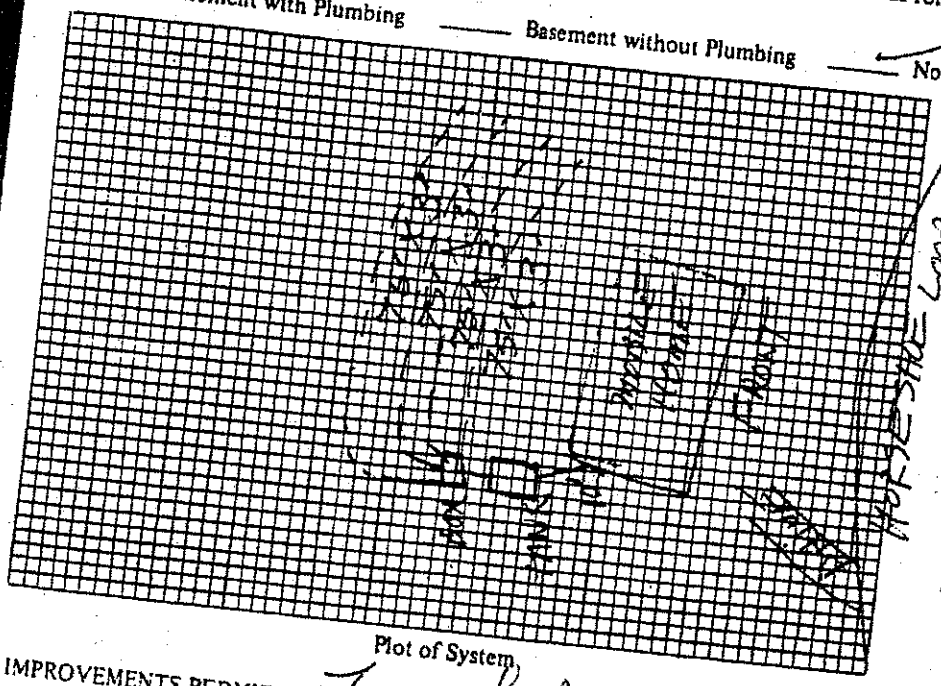
Percolation Rate 4 on 1 sq ft

Topography 2-6%

Depth to Water Table 10'+

Rock or other impervious formations None Encountered

_____ Basement with Plumbing _____ Basement without Plumbing ✓ No Basement



Size of Tank 1000 Gals.

Nitrification Field:

No. of Lines 4

Sq. Ft. 900 Linear Ft. 300

Depth of Stone in Lines 12"

Water Supply: Individual ( )

Public (✓)

Installed by Allen Corbett Hart & Wagner

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

Signed:

IMPROVEMENTS PERMIT BY Terry L. Pierce

COMMENTS:

CERTIFICATE OF COMPLETION BY Steve Brown DATE 12-31-84

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

MS Jones 7709730377

Hildebrand

Dutch Housing Series

Factory Expo HOME CENTERS
"Factory Direct Value"

3 Bedroom, 2 Baths
Approx. 1,307 Sq. Ft.

Contractors Co Dawn - 9193560825

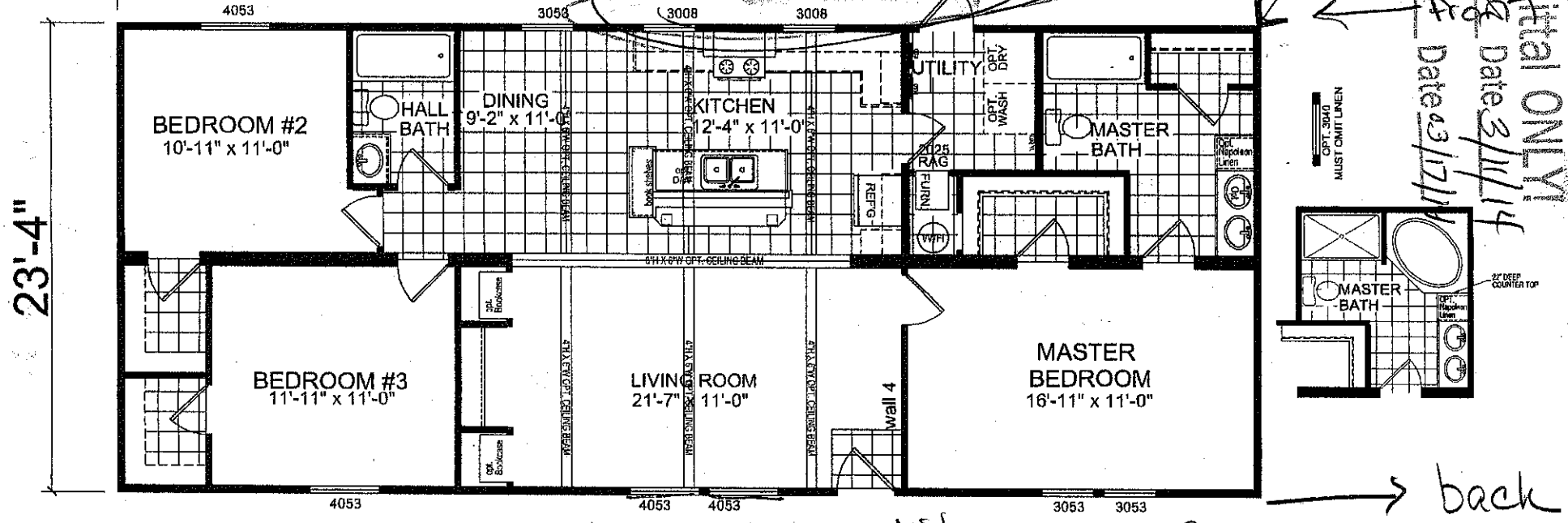
OPTIONAL SGD

51.373 → 52.399

56'

Set up - 9-12000
Permits
Freight 2506
2376

Last Updated 8-21-12



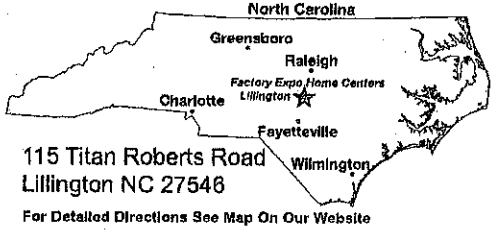
back

Acknowledgement of Plans Submittal ONLY
Date 3/11/14
Date 3/17/14

walls - Vinyl Kit
liv
kit
Dine
bed
bath
granitemaze

- Shutter

Kit countertops
trim - color white or color of cabinet
floor Vinyl



115 Titan Roberts Road
Lillington NC 27546
For Detailed Directions See Map On Our Website

I authorize Factory Expo Homes to build my house, per this plan.

X _____
Customer Signature/Date

1-800-504-3238 www.fbhexpo.com 1-800-504-3238 www.fbhexpo.com 1-800-504-3238

Important: Due to our policy of continuing improvement, all information in our brochures may vary from actual home. The right is reserved to make changes at any time, without notice or obligation, in colors, materials, specifications, processes, and models. All dimensions and square footage calculations are nominal and approximate figures. Please check with your sales person for specific and current information.

Floorplan — 1,343