IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT # 22017

PIN # 4709336479 ✓

APPLICANT/OWNER: Tyler Summers APPLICANT ADDRESS: 1055 Harris Bridge Rd Stoney Point, NC 28678

SITE ADDRESS: 1055 Harris Bridge Rd Stony Point, NC 28678 PHONE: 704-880-3845 ALT. PHONE

SITE DIRECTIONS: Hwy 115 N. TL Pisgah Rd TR Harris Bridge on right

SUBDIVISION: SECTION: LOT # LOT AREA:

SAP CONTROLLED: ☐ YES ☒ NO

DESIGN FLOW: 240 gpd L.T.A.R.: Exist.

EXIST.

Septic Tank 1000 (gal) STB Date

Pump Tank (gal) PT Date

Pump Make Model Serial #

Nitrification Fields # Lines Linear Ft Exist

Trench Width Exist Trench Bottom Depth(Low side) Exist Gravel Depth Exist.

☐ New System ☐ Repair ☐ Expansion System Type: I II III IV V VI

System Description: Exist. Gravity-Conventional (Gravel)

Repair System Description:

Maintenance Agreement Required: ☐ YES ☒ NO

☒ GRAVITY ☐ PRESSURE

☒ Residence ☐ Business ☐ Other ☐ Slab ☒ Crawl Space ☐ Basement w/plumbing ☐ Basement w/o plumbing

No. Bedrooms 2 No. Persons 4 No. Employees

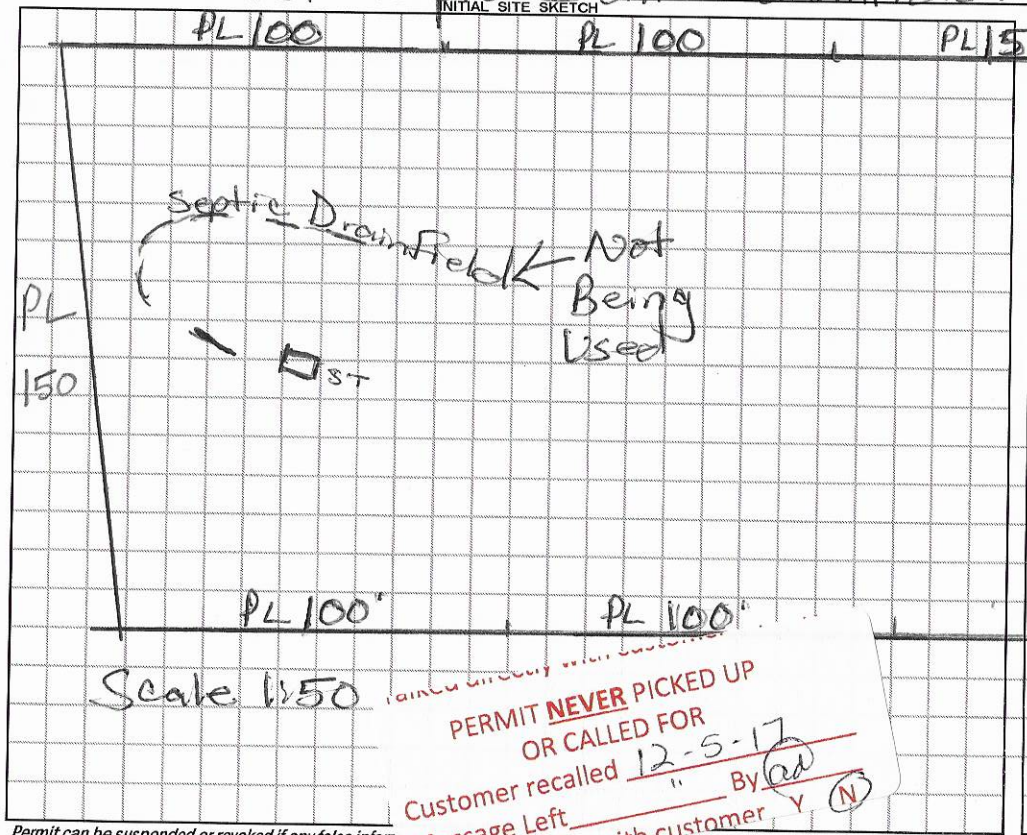
Water Supply: ☐ Private ☒ Public ☐ Community

Comments / Conditions: Note: Exist. ST was uncovered Located part of Drainfield with probe & verified with auger hole. Was not able to probe entire drainfield.

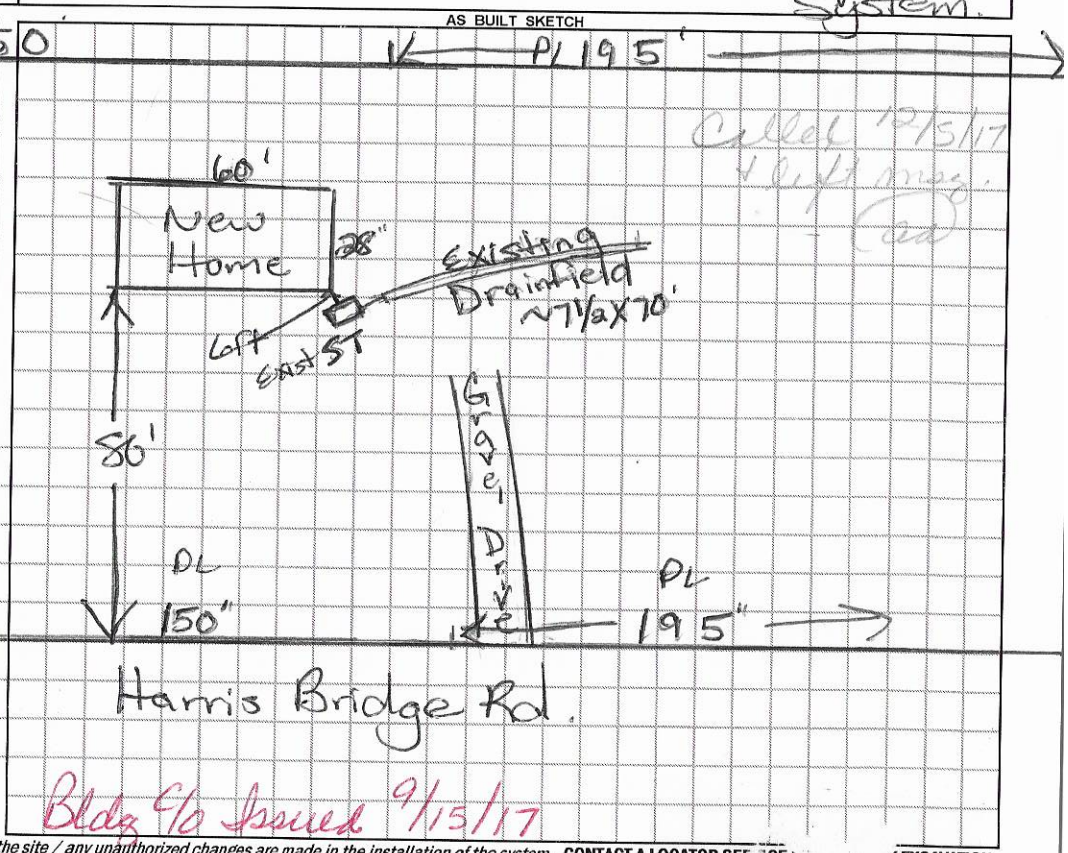
Existing Septic System "appeared to be fun

* No vehicular traffic over Septic System.

INITIAL SITE SKETCH



AS BUILT SKETCH



PERMIT NEVER PICKED UP OR CALLED FOR
Customer recalled 12-5-17
" By ad
Message Left Y (N)
Talked directly with customer

Bldg C/O Issued 9/15/17

Permit can be suspended or revoked if any false inform ☐ IMPROVEMENT PERMIT *with plat* valid wit ☐ IMPROVEMENT PERMIT *with site plan* valid for 60 mos. ☒ AUTHORIZATION TO CONSTRUCT *valid for period equal to IMPROVEMENT PERMIT--not to exceed 60 mo.*

...e permit / any unauthorized changes are made to the site / any unauthorized changes are made in the installation of the system. CONTACT A LOCATOR SER...CE F... .../ EXCAVATION

Owner / Applicant Signature: Date: Installed by:

IMPROVEMENT PERMIT by: Date: OPERATION PERMIT by: Date:

AUTHORIZATION TO CONSTRUCT by: Date: Existing System Inspected by: Maria Dotson Date: 6/20/17

REDELL COUNTY HEALTH DEPARTMENT

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

PERMIT # 220137 ~~219495~~

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

PIN # 4709334459

APPLICANT: Tyler Summers APPLICANT ADDRESS: 130 Branton Farm Rd Stony Point NC

SITE ADDRESS: 1055 Harris Bridge Rd Stony Point NC PHONE: 704-880-3845 ALT. PHONE: N/A

SITE DIRECTIONS: 115 N T/L Pisgah Rd T/L Harris Bridge Rd property on right

SUBDIVISION: N/A SECTION: N/A LOT # N/A LOT AREA: 0.37ac DESIGN FLOW: Ex L.T.A.R.: Ex

Septic Tank 1000 (gal) STB 760 Date 1-26-17

Pump Tank N/A (gal) PT N/A Date N/A

Pump Make N/A Model Pos/Ilc Serial # PL-68

Nitrification Fields Ex # Lines Ex Linear Ft: Ex

Trench Width Ex Max. Trench Bottom Depth Ex Gravel Depth Ex

☐ New System ☒ Repair ☐ Expansion System Type: I ☐ II III IV V VI

System Description: Tank

Repair System Description:

Maintenance Agreement Required: ☐ YES ☒ NO

☒ GRAVITY ☐ PRESSURE

☒ Residence No. Bedrooms Ex

☐ Business No. Persons Ex

☐ Other No. Employees

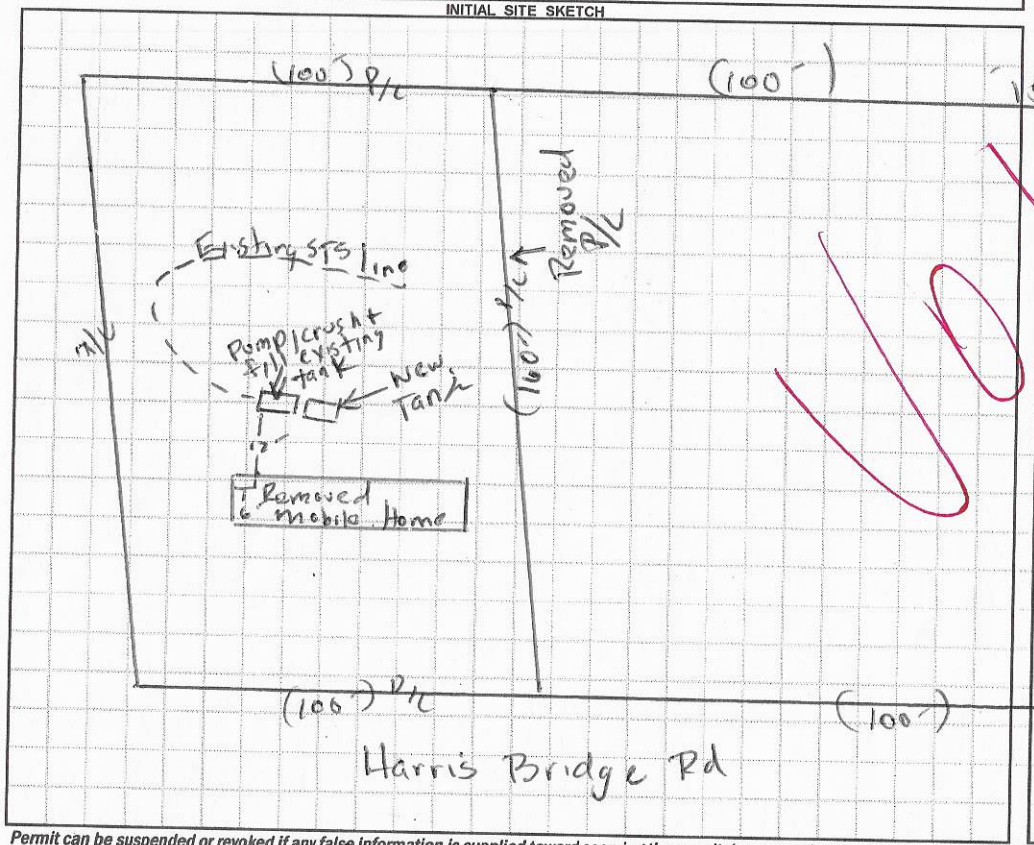
☐ Slab ☒ Crawl Space

☐ Basement w/plumbing ☐ Basement w/o plumbing

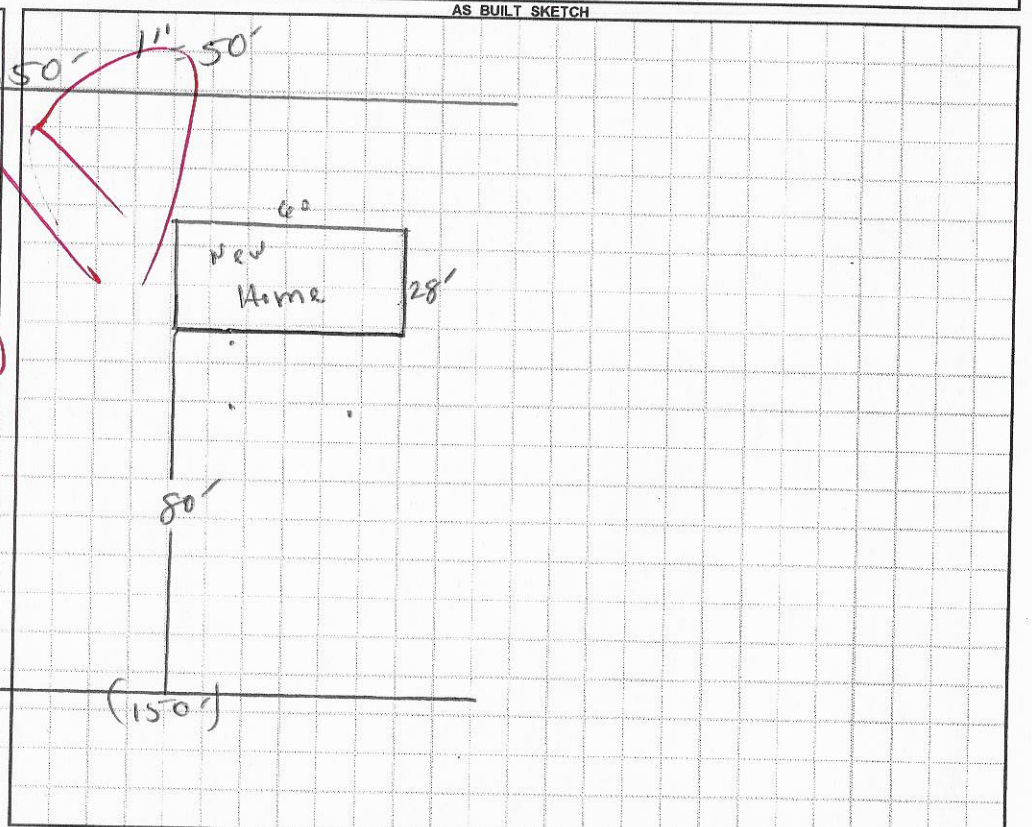
Water Supply: ☐ Private ☒ Public ☐ Community

Comments / Conditions: Pump/crush + fill existing tank. maintain 50' off any well

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: Date: 9-9-16 Installed by: A-1 Backhoe

IMPROVEMENT PERMIT by: Date: 09/08/16 OPERATION PERMIT by: Date: 04/27/17

AUTHORIZATION TO CONSTRUCT by: Date: 09/08/16 Existing System Inspected by: Date:

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

4709336479

121517 220137

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

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 #
Tyler Summers	1055 Harris Bridge Rd. Stony Point, NC 28678		(704)880-3845
Owner Name: David Earp	Mailing Address: 1065 Harris Bridge Rd Stony Point NC 28678	Home Phone #	Alternate Phone #

4. Property Information:

1055 Harris Bridge Rd. Stony Point, NC 28678 — Street Address

Subdivision Name

Section/Phase and Lot Number

Driving Directions: North Hwy 115, turn left onto Pisgah Rd., turn left onto Harris Bridge Rd.

5. RESIDENTIAL Site Development Information: *(Check or Complete ALL that apply)*

(✓) New, Single Family Residence
( ) New, Multi-Family Residence
( ) Expansion of Existing Septic System
( ) Repair To Failing Septic System due to ___
( ) Other ___

Maximum Number of Bedrooms (2)
Maximum Number of Occupants (2)
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 ___ *Year*

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

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: Tyler C. Summers — 6-7-17

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

219495 $250 ~~$300~~

IREDELL COUNTY HEALTH DEPARTMENT *ENVIRONMENTAL HEALTH DIVISION*

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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 #
Tyler Summers	130 Branton Farm Rd. Stony Point, NC 28678		(704) 880-3845
Owner Name	**Mailing Address**	**Home Phone #**	**Alternate Phone #**
David Earp	1065 Harris Bridge Rd. Stony Point, NC 28678		

4. **Property Information:**

Street Address	Subdivision Name	Section/Phase and Lot Number
1055 Harris Bridge Rd. Stony Point, NC 28678		

Driving Directions: North on Hwy. 115 to Pisgah Rd. Take Pisgah Rd. to Harris Bridge Rd. on left property is on right

5. **RESIDENTIAL Site Development Information:** *(Check or Complete ALL that apply)*

(✓) New, Single Family Residence
( ) New, Multi-Family Residence
( ) Expansion of Existing Septic System
(✓) Repair To Failing Septic System due to _____
( ) Other _____

Maximum Number of Bedrooms 3
Maximum Number of Occupants 3
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 ____ *Year*

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

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: Tyler C. Summers — 6-10-16
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) — DATE

121517

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

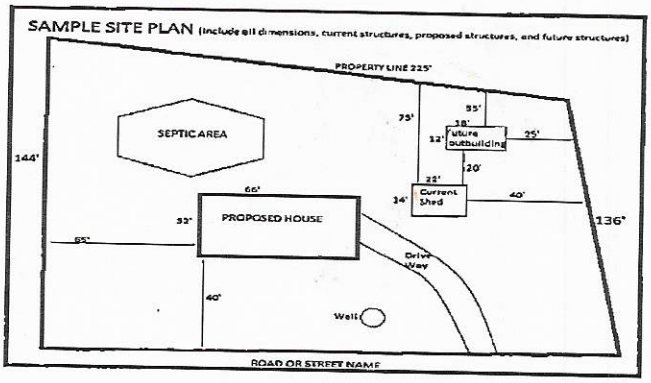
X **Front and side setbacks from property line...** X **Preferred driveway location and configuration, preferred well location...**

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

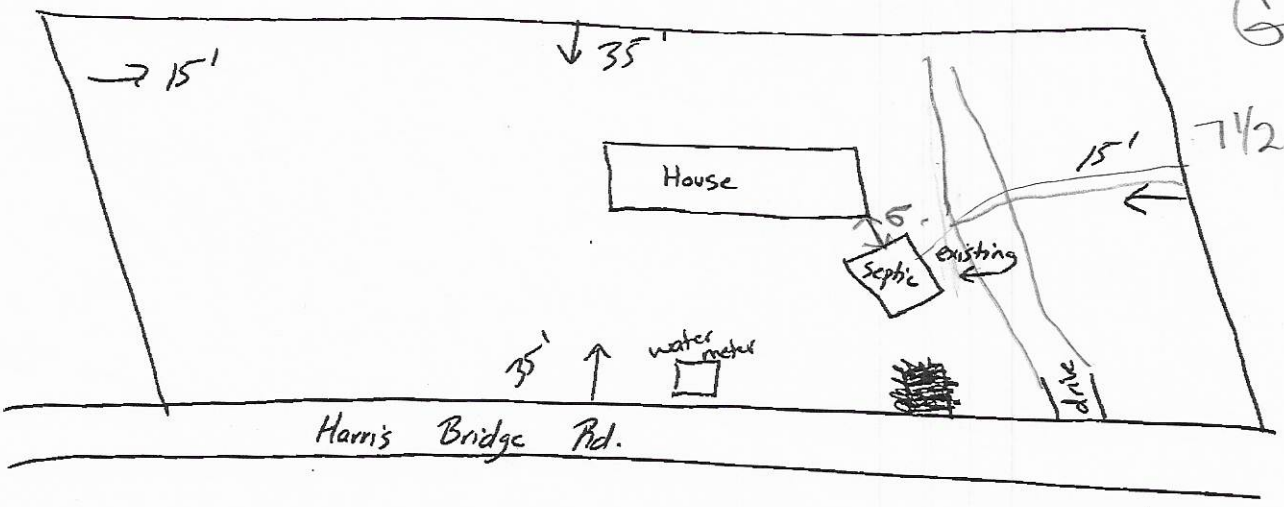
Circle N/A on the following if appropriate:

____ **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: Tyler C. Summers

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

6-7-17

DATE

IREDELL COUNTY HEALTH DEPARTMENT *ENVIRONMENTAL HEALTH DIVISION:*

SITE PLAN WORKSHEET

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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 Area you prefer your septic system to be placed...

X Preferred driveway location and configuration, preferred well location...

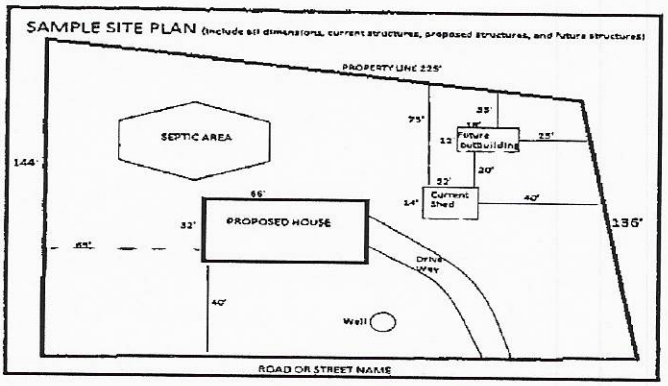
X North arrow, or other sufficient indicator of direction...

Circle N/A on the following if appropriate:

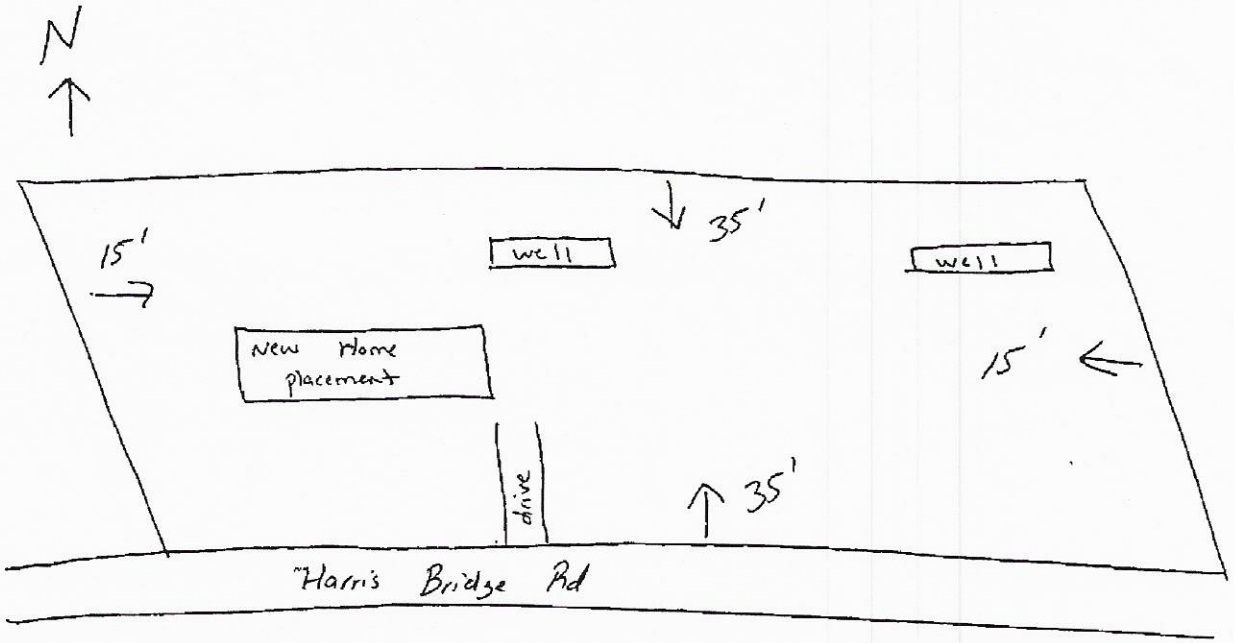
____ Location of septic systems and wells within 100' of your property... (N/A)

____ 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: Tyler Simmons

REQUIRED property owner or owner's legal representative signature.

6-10-16

DATE

IREDELL COUNTY

PO Box 788
349 North Center St.
Statesville, NC 28677

APPLICATION NUMBER
219495
Issue Date: 06/10/2016

ZONING PERMIT
Open Space

Parcel Number	Street Address	Jurisdiction
4709334459.000	1055 HARRIS BRIDGE ROAD, STONY POINT, NC	IREDELL COUNTY

Owner Information	Applicant Information
Owner: EARP DAVID LYNN	Applicant: SUMMERS, TYLER
Address: 1065 HARRIS BRIDGE RD STONY POINT, NC 28678	Address: 130 BRANTON FARM ROAD STONY POINT, NC 28678
Phone:	Phone: 704-880-3845

Use Requested	Zone Code
PLACING MODULAR WHERE A SINGLE WIDE USED TO BE	RA

Lot Acreage	F Setback	B Setback	L Setback	R Setback	Watershed	Flood Zone
.370	35.00	35.00	15.00	15.00	PASY	X

Remarks:

The applicant certifies that there are no deed restrictions, contractual agreements or governmental regulations of any kind that interfere with or prohibit the use of the property or the use for which this permit is requested. The applicant further acknowledges that enforcement of deed restrictions, plat conditions and other contractual agreements will not be undertaken by Iredell County and is the sole responsibility of the affected parties.

Applicant: Tyler Summers Date: 6-10-16

Permit Number	71294	TOTAL FEES:	$ 77.25