IREDELL COUNTY HEALTH DEPARTMENT

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

PERMIT # 234425

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

PIN # 4711052936

APPLICANT/OWNER: Christine McGuire

APPLICANT ADDRESS: 171 Grayrock Drive Statesville NC 28677.

SITE ADDRESS: 171 Grayrock Drive Statesville NC 28677.

PHONE: 704-881-1427 ALT. PHONE —

SITE DIRECTIONS: Buffalo Shoals Grayrock Drive on Right Lot on Left

SAP CONTROLLED: ☐ YES ☒ NO

SUBDIVISION: Grayrock Shoals.

SECTION: ~ LOT # 33 34 35 LOT AREA: 6 Acres.

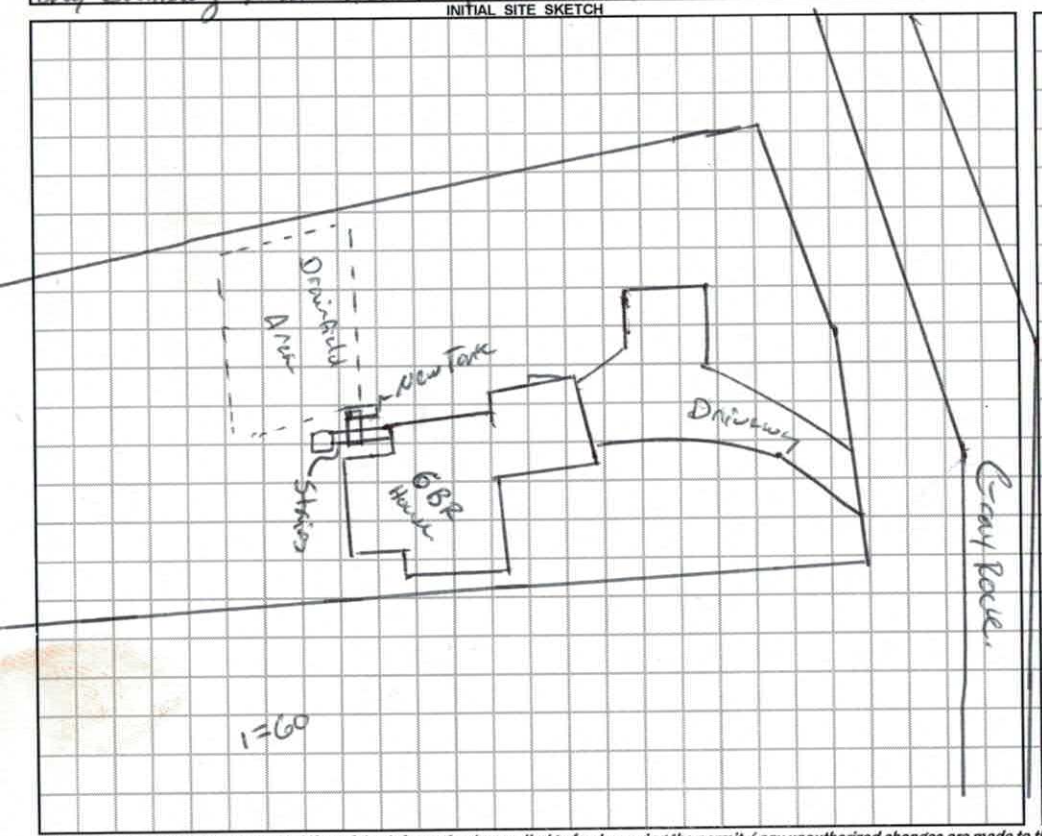
DESIGN FLOW: 120gpd. L.T.A.R.: Existing

Septic Tank	1500	(gal)	STB	Infiltrator	Date	IM1532	☐ New System	☑ Repair	☐ Expansion	System Type: I (II) III IV V VI	☑ Residence	No. Bedrooms	6	Water Supply	
Pump Tank		(gal)	PT		Date		System Description: ~				☐ Business	No. Persons	12	☑ Private	
Pump Make		Model			Serial #		Repair System Description:	Tank Replacement			☐ Other	No. Employees		☐ Public	
# Nitrification Fields	1	# Lines	6		Linear Ft	690	Maintenance Agreement Required:	☐ YES	☐ NO		☐ Slab	☐ Crawl Space		☐ Community	
Trench Width	EXT	Trench Bottom Depth(Low side)	EXT		Gravel Depth	EXT		☐ GRAVITY	☐ PRESSURE		☑ Basement w/plumbing			☐ Basement w/o plumbing	

Comments / Conditions: Existing Tank partially under stair case from porch abandon tank by crushing and fill. New tank must be 5ft from any building Foundation or porch foundation.

* Replaced D-Box Lid / Risers Installed on Tank.
* Tank is 7ft from Corner of house

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: Christine McGuire Date: 4/16/18 Installed by: Tim Ammons Septic

IMPROVEMENT PERMIT by: Benjamin A. Bottoms Date: 4-12-2018 OPERATION PERMIT by: Benjamin A. Bottoms Date: 7/12/2018

AUTHORIZATION TO CONSTRUCT by: Benjamin A. Bottoms Date: 4-12-2018 Existing System Inspected by: Date:

FOR SEPTIC FINAL INSPECTION: CALL 704-664-3703 between 8am-9am the day the inspection is needed. Be sure to speak with an inpsector to confirm your inspection time.

THIS PERMIT VOIDS PREVIOUS ISSUED 8-21-95

IREDELL COUNTY HEALTH DEPARTMENT

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

IMPROVEMENT PERMIT / CERTIFICATE OF COMPLETION / OPERATION PERMIT / EXISTING SYSTEM INSPECTION

PROPERTY DESCRIPTION NO 23068 DATE 2-13-96 TAX MAP NO 3N-4-A-33 34,35 Watershed: ☐ Yes ☑ No

OWNER OR CONTRACTOR DOUG & CHRIS McGUIRE PHONE Business Home (704) 528-8605

ADDRESS 3208 N HIGH GLEN DR STATESVILLE, NC 28677

LOCATION BUFFALO SHOALS, TR GRAY ROCK DRIVE, LOTS ON LEFT ~ 1400'

SUBDIVISION GRAYROCK SHORES BLOCK / SECTION LOT 33 34,35 LOT AREA ~6 ACRES SITE CLASS PS DESIGN FLOW 720 L.T.A.R. 0.35 GPD/FT²

Septic Tank: 1500 Gallons: STB 1011 Date 6-19-96
Pump Tank: Gallons: PT Date
Pump Make: Model Serial No.
Nitrification: Field No Fields 1 Square Feet 2070 Linear Feet 690
No Lines 6 Trench Width Max Trench Bottom Depth Gravel Depth

☑ New System ☐ Repair System Type: I ☑ II ☐ III ☐ IV ☐ V
System Description: CONVENTIONAL GRAVITY
Repair System Description: CONV. GRAVITY
Maintenance Agreement Required ☐ Yes ☑ No

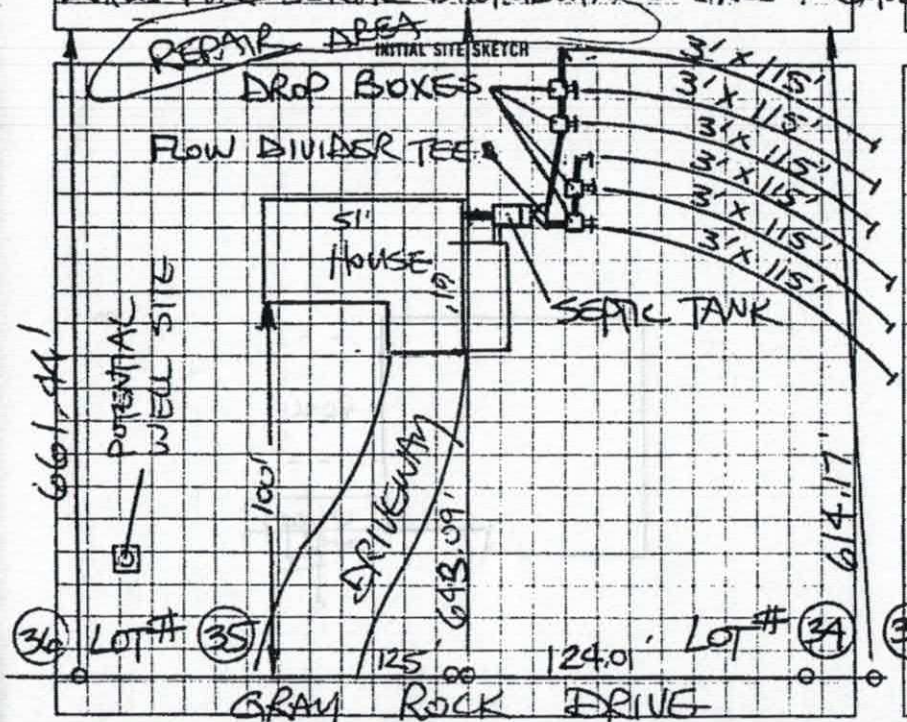
☑ House/Mod. Home No Bedrooms 6
Mobile Home No Bathrooms 2½
Business No Employees
Other
Slab Crawl Space ☑ Basement w/plumbing Basement w/o plumbing

Water Supply: ☑ Individual ☐ Community ☐ Public — WELL

Comments: ① USE FLOW DIVIDER TEE TO SPLIT EFFLUENT INTO TWO SETS OF THREE LINES USING DROP BOXES FOR SERIAL DISTRIBUTION ② LINES ON CONTOUR.

Comments

INITIAL SITE SKETCH



AS BUILT SKETCH

SYSTEM INSTALLED ACCORDING TO INITIAL SITE SKETCH

I understand that this permit can be suspended or revoked if any false information is supplied towards securing the permit, any unauthorized changes are made to the site/any unauthorized changes are made in the installation of the system

AUTHORIZATION TO CONSTRUCT IS VALID FIVE(5) YEARS FROM DATE OF ISSUANCE. IMPROVEMENT PERMIT HAS NO EXPIRATION DATE.

Signed K W Nicholson Inc Installed by TOMMY FRYE

Improvement Permit by: STEVE HEDRICK date 2-12-96

Authorization to Construct / ~~Existing System Inspection~~ by STEVE HEDRICK date 2-12-96

~~Certificate of Completion by~~ date

Operation Permit by STEVE HEDRICK date 8-22-96

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

IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

APPLICATION FORM

Application For: ( ) New Well Permit ( ) Well Repair Permit ( ) Well Abandonment
( ) Septic Improvement Permit ( ) Authorization to Construct ( ) Existing System Inspection (X) 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: (PRINT CLEARLY)

Applicant Name: CHRISTINE MCGUIRE Address: 171 GRAYROCK DR. Zip: 28677
Applicant Email: camcguire63@gmail.com Phone: 704-450-8242 Alt. Phone: 704-881-1427
Owner Name: CHRISTINE McGUIRE Address: 171 GRAYROCK DR Zip: 28677
Owner Email: CAMCGUIRE65@GMAIL.COM Phone: 704-450-8242 Alt. Phone: 704-881-1427

Property Information:

Street Address: 171 GRAYROCK DR, STATESVILLE 28677
Subdivision Name: GRAYROCK SHOALS Section/Phase: _____ Lot Number: _____
Driving Directions: BUFFALO SHOALS → WEST → ALMOST TO END OF COUNTY BEFORE CATAWBA/IREDELL BRIDGE; ON RIGHT

Site Development Information: *(check or complete ALL that apply*

CHECK FOUNDATION TYPE

( ) New Single Family Residence Maximum Number of Bedrooms: 6 ( ) Crawl Space Foundation
( ) New Multi-Family Residence Maximum Number of Occupants: 4 ( ) Concrete Slab Foundation
( ) Accessory Building ( ) Swimming Pool (X) Basement with Plumbing
( ) Bedroom(s) Addition ( ) Other Addition/Structure: _____ ( ) Basement without Plumbing
(X) Repair to failing septic system X Tank ___ Drain lines Describe Problem: cracks on lid + top
Non-Residential Site Development: Type of Business: _____
Square Footage of Building: 4000 Max. Number of Employees: ____ Max. Number of Seats/Beds/Other: ____

Water Supply: ( ) Replacement Well – Reason: _____
( ) Multi-connection Well Number of Houses: _____ Number of Persons: 4
( ) New Well (X) Existing Well ( ) Community Well ( ) City Water ( ) Other Public Water

Desired Septic System Type: *(you may rank in order of preference)* Year existing system installed: 1995
( ) No Preference ( ) Alternative ( ) Conventional ( ) Innovative ( ) Modified Conventional (X) Other: plastic

Please answer the following to the best of your ability:
( ) Yes (X) No Does the site contain any jurisdictional wetlands?
( ) Yes (X) No Is any non-domestic sewage (i.e. industrial) to be generated?
( ) Yes (X) 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: Christine A McGuire 3/27/18
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

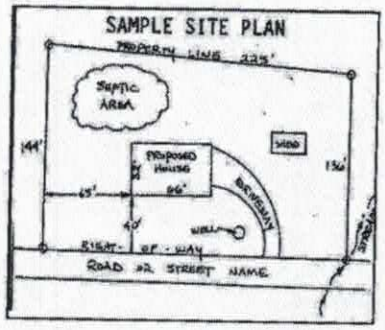
IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

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 OR WELL 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
( ) Preferred well location
( ) Preferred septic system location
( ) North arrow, or other sufficient indicator of direction

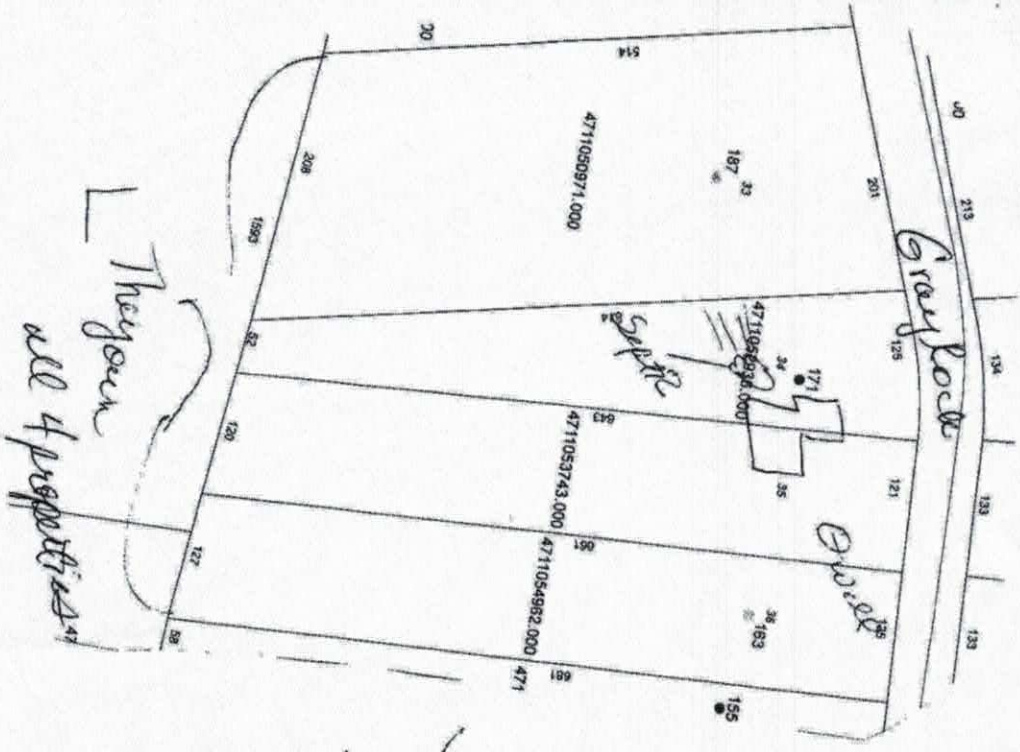


Circle N/A on the following if appropriate:

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: Christine A Lowe
Property owner or owner's legal representative signature (SIGNATURE REQUIRED)

3/27/16
DATE


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Grayrock Dr
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