#250 2/2132

IREDELL COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

PAGE 1: *APPLICATION FORM*

Application For: ( ) New Well Permit ( ) Well Repair Permit ( ) Well Abandonment
( ) Septic Improvement Permit (X) 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:

Applicant Name: Ronald M Smoot Address: 2189 Buffalo Shoals Rd Phone: 704 924 4789

Owner Name: Ronald M & Judy M Smoot Address: same Phone: 704 528 7691

Property Information:

Street Address: 2189 Buffalo Shoals Rd, Statesville NC 28677

Subdivision Name: _____ Section/Phase: _____ Lot Number: _____

Driving Directions: From intersection of Old Mt Road/Buffalo Shoals drive South 2.3 miles. Road to property on left next set 950' from Buffalo Shoals

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

( ) New Single Family Residence
( ) New Multi-Family Residence
(X) Accessory Building
( ) Bedroom(s) Addition

Maximum Number of Bedrooms: 3
Maximum Number of Occupants: 2
( ) Swimming Pool
( ) Other Addition/Structure: _____

(X) 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 (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: 2002 APX

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

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: _____ 20 July 2015
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

IREDELL COUNTY HEALTH DEPARTMENT

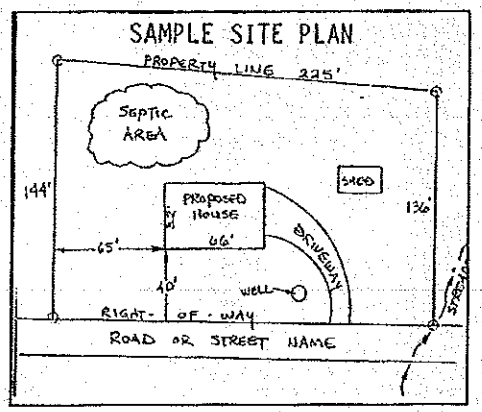
ENVIRONMENTAL HEALTH DIVISION

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:

- (X) Property Line measurements are clearly identified
- (X) All proposed structures are indicated
- (X) Front and side setbacks from property line
- ( ) Preferred driveway location and well location NA
- ( ) Area you prefer your septic system to be placed NA
- ( ) North arrow, or other sufficient indicator of direction

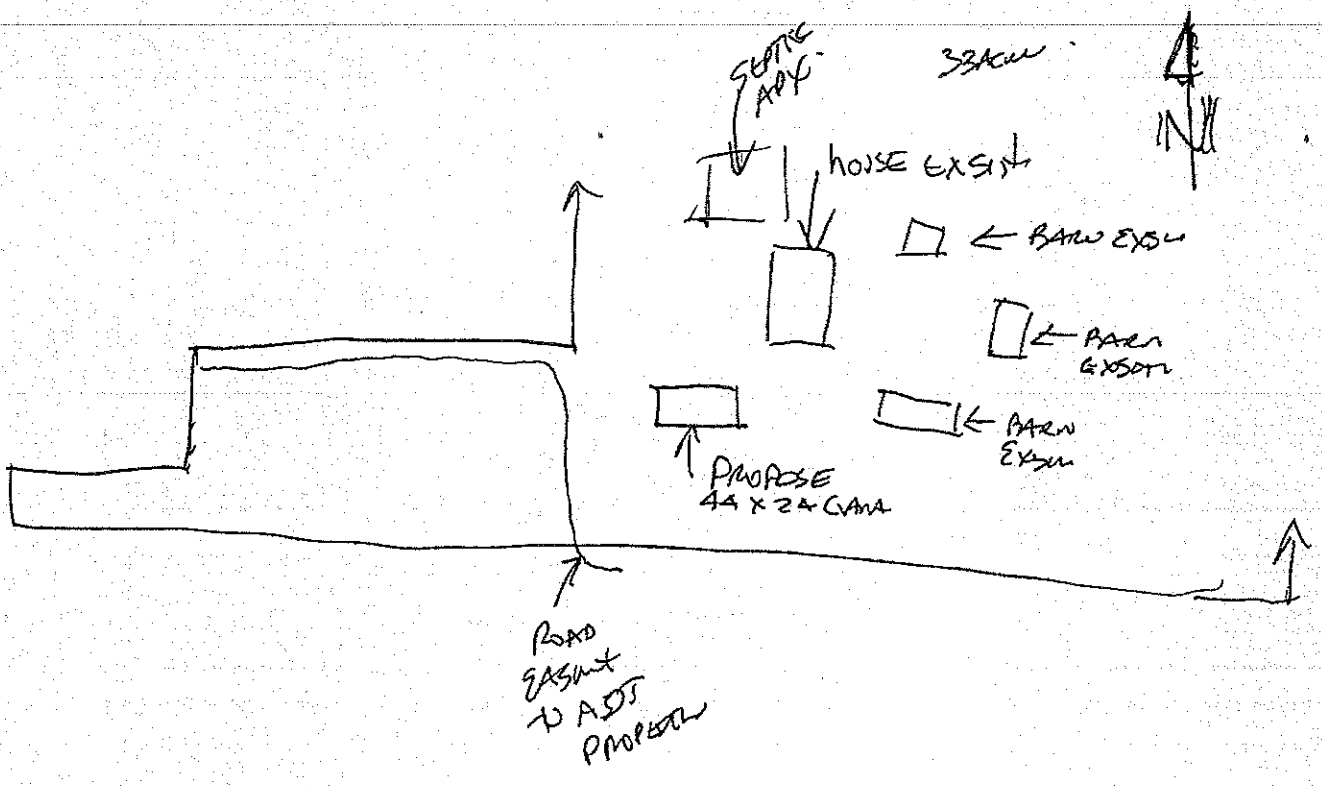


Circle N/A on the following if appropriate:

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

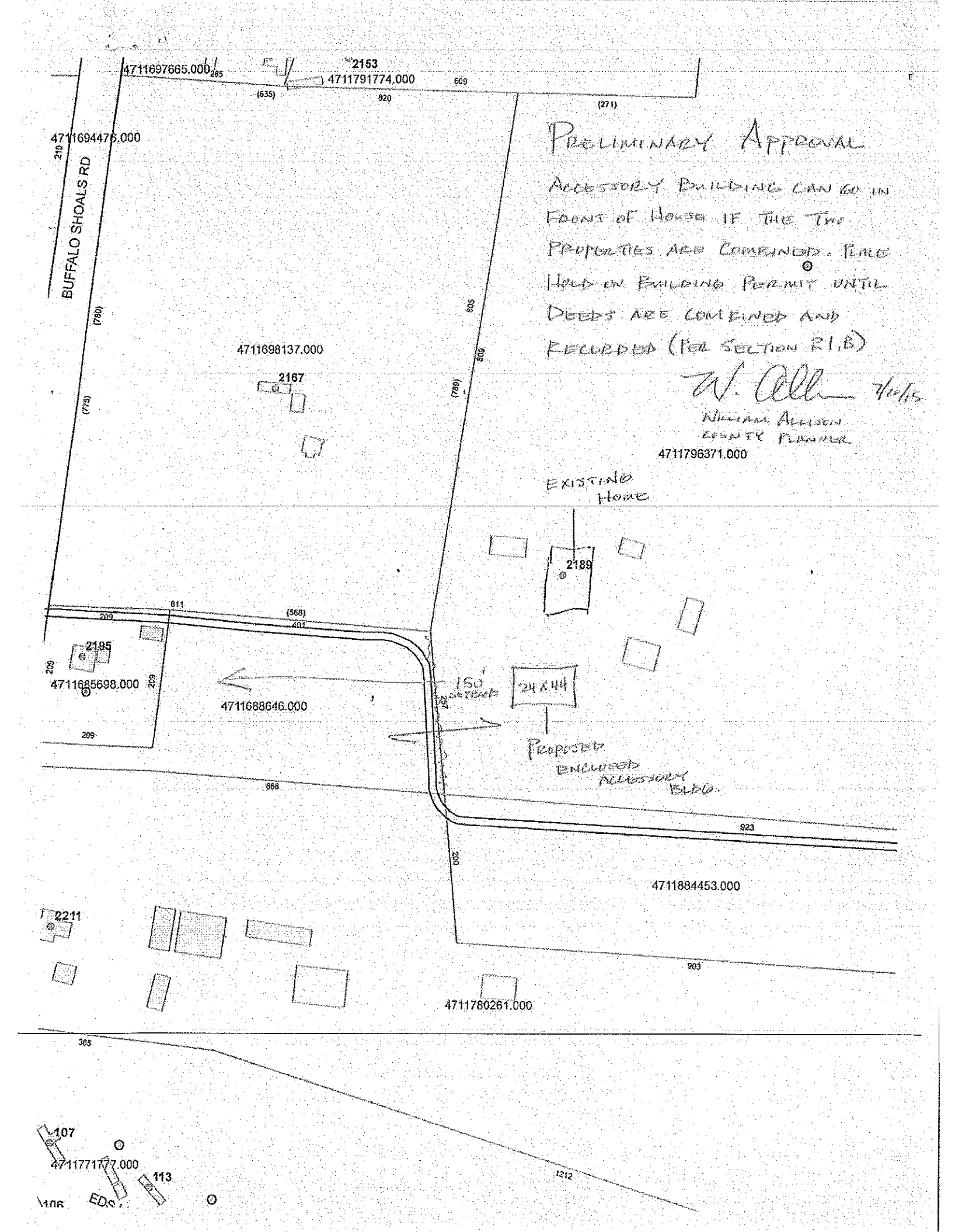


Signature: _____

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

20 July 2015

DATE


4711697665.000
285
2153
4711791774.000
609
(635)
820
(271)
4711694476.000
210
BUFFALO SHOALS RD
(780)
(775)
4711698137.000
2167
605
809
(789)
PRELIMINARY APPROVAL
ACCESSORY BUILDING CAN GO IN FRONT OF HOUSE IF THE TWO PROPERTIES ARE COMBINED. PLACE HOLD ON BUILDING PERMIT UNTIL DEEDS ARE COMBINED AND RECORDED (PER SECTION 21.B)
W. Allen 7/20/15
WILLIAM ALLISON
COUNTY PLANNER
4711796371.000
EXISTING HOME
2189
611
209
(568)
401
2195
209
209
4711685698.000
4711688646.000
150'
24 X 44
257
PROPOSED ENCLOSED ACCESSORY BLDG.
209
668
923
200
4711884453.000
2211
903
4711780261.000
365
107
4711771777.000
113
1212
EDS

. COUNTY HEALTH DEPARTMENT

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

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

47258 PIN# 4711796371 DATE 12/28/07

ICANT RONALD SMITH PHONE: Business 704-619-0276 Home 704-528-7691

2189 BUFFALO SHOALS RD Statesville NC 28677

ID WEST @ OMR ⓑ BUFFALO SHOALS RD LEFT AT BOX # 2189 600' OFF ROAD

— BLOCK / SECTION — LOT — LOT AREA 32.85AC SITE CLASS PS DESIGN FLOW 480 L.T.A.R. 1.3

1000 Gallons: STB 1012 Date 4-5-05

Gallons: PT Date

Model Serial No.

: No Fields 1 Square Feet 1600 Linear Feet 535

2' Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth 12" ☒ Gravity ☐ Pressure

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

System Description: GRAVITY CONVENTIONAL

Repair System Description: SAME

Maintenance Agreement Required: ☐ Yes ☒ No

☒ House/Mod. Home ☐ Mobile Home ☐ Business ☐ Other

No. Bedrooms 3 No. Persons 6 No. Employees

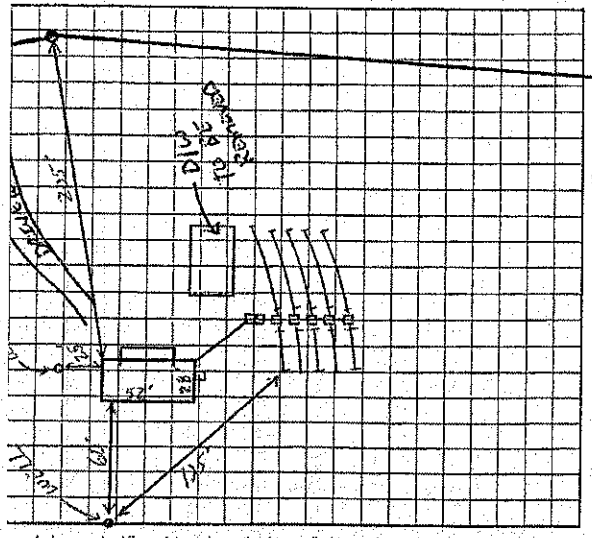
Water Supply: ☒ Individual ☐ Public ☐ Community

☐ Slab ☒ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

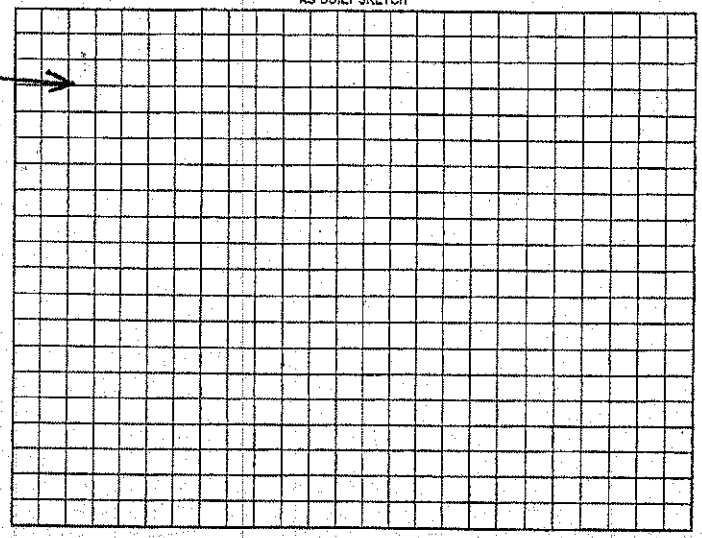
ons: ① SYSTEM IS SIZED FOR A 4 BEDROOM
② ONLY PUTTING ON A 3 BEDROOM HOME
FALL FROM NEW HOME TO EXISTING TANK
ARE PER FOOT MINIMUM, ④ MAINTAIN SETBACKS

Comments/Conditions: ⑤ D/W MUST BE REMOVED FROM SYSTEM.
⑥ PASSED SYSTEM. NO SIGNS OF FAILURE AT TIME OF CHECK.
TUFFETTE Filter & MANIFOLD WAS INSTALLED DURING INSTALLATION

INITIAL SITE SKETCH



AS BUILT SKETCH



pended 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
alid 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.

date 12/28/07 Installed by: CRAIG THOMPSON

nit by: date Operation Permit by: date

onstruct by: date Existing System Inspection by: date 12/28/07

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