IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT # 226176

PIN # 4711-84-9802

APPLICANT: Geraldine Garris

APPLICANT ADDRESS: 296 Pineville Rd. Statesville, NC

SITE ADDRESS: 296 Pineville Road Statesville, NC

PHONE: 704-528-4658 ALT. PHONE:

SITE DIRECTIONS: Buffalo Shoals Rd W → L. on Pineville Rd → Horse on Right

SUBDIVISION: — SECTION: — LOT # — LOT AREA: 4.00 acres DESIGN FLOW: 360 GPD L.T.A.R.: 0.30

Septic Tank	1000 (Ex) (gal)	STB (Ex)	Date (Ex)	☐ New System	☒ Repair	☐ Expansion	System Type: I II (III) IV V VI
Pump Tank	— (gal)	PT —	Date —	System Description:	Replace existing gravel septic		
Pump Make	—	Model —	Serial # —	Repair System Description:	bed as requested w/ 25% Reduction		
# Nitrification Fields	1	# Lines 5	Linear Ft: 300	Maintenance Agreement Required:	☐ YES	☒ NO	
Trench Width	36"	Max. Trench Bottom Depth	30" [Low side]	Gravel Depth —	☒ GRAVITY	☐ PRESSURE	

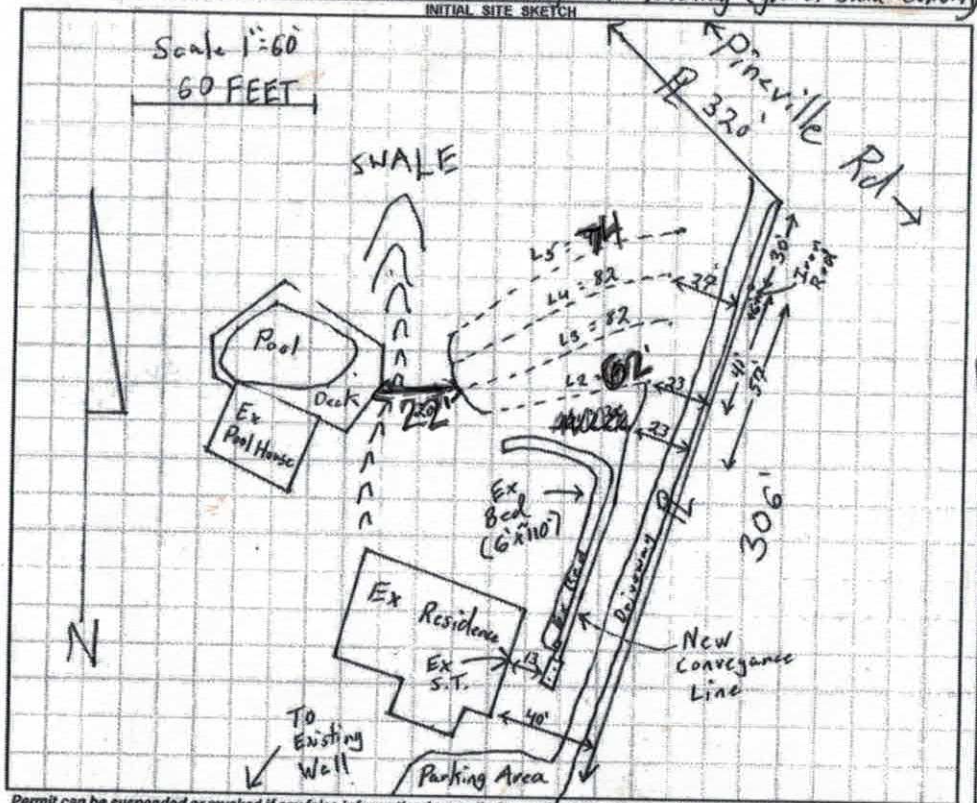
☒ Residence No. Bedrooms 3 — ☐ Business No. Persons 6 — ☐ Other No. Employees — — ☐ Slab ☒ Crawl Space — ☐ Basement w/plumbing ☐ Basement w/o plumbing

Water Supply: ☒ Private ☐ Public ☐ Community

Comments / Conditions: Recommend replacing existing tank w/ new septic tank. Old tank would need to be pumped, limed and either 1) crushed in place 2) Hauled away 3) Filled with clean-flowable fill that is essentially self leveling (gravel-sand-cement)

Recommend pumping tank every 3-5 years. drains REQUIRED: Direct downspout + curtain/foundation drains away from all septic components. Though 334 l.f. of drainfield was laid out, only 300 l.f. need be installed.

INITIAL SITE SKETCH



AS BUILT SKETCH

*Since 300 ft needed First Line #1=26 does not need to be installed BB.

Installed as shown.

	Date	Initials
Drain Lines Checked	6-21-17	KW
Tanks Checked	6/20	BB
Pressure Manifold or Valve Box Checked		
Pressure Head Set		
Electrical Checked		
Floats Set		
Alarm Checked		
Maintenance Contract Y / N		

Permit can be suspended or revoked if any false information is supplied toward securing the permit / any unauthorized changes are made to the site

☐ IMPROVEMENT PERMIT with plat valid without expiration. ☒ IMPROVEMENT PERMIT with site plan valid for 60 mo

...IOR TO ANY EXCAVATION

...PERMIT--not to exceed 60 mo.

Owner / Applicant Signature: Geraldine Garris Date: 4-26-17

IMPROVEMENT PERMIT by: Tom Shuck Date: 4/25/17

AUTHORIZATION TO CONSTRUCT by: Tom Shuck Date: 4/25/17

Insta... Tommy Frye

OPERATION PERMIT by: Date: 6-21-17

Existing System Inspected by: Date:

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

IREDELL COUNTY HEALTH DEPARTMENT ENVIRONMENTAL HEALTH DIVISION

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)

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 #
Geraldine C Garris	296 Pineville Rd Statesville	704-528-4658	
Owner Name	**Mailing Address**	**Home Phone #**	**Alternate Phone #**
Geraldine C Garris	296 Pineville Rd Statesville	704-528-4658	

4. Property Information:

Street Address	Subdivision Name	Section/Phase and Lot Number
296 Pineville Rd	Geraldine C Garris	

Driving Directions: Off Buffalo Shoals Sh 21S - 1mi on Pineville Rd. on Right.

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

(X) New, Single Family Residence
( ) New, Multi-Family Residence
( ) Expansion of Existing Septic System
(X) Repair To Failing Septic System due to problem with lines.
( ) Other

Maximum Number of Bedrooms 3
Maximum Number of Occupants ___
If Expansion, Current Number of Bedrooms ___

(X) 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*

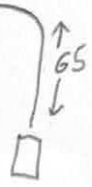
( ) Alternative ( ) Conventional ( ) Innovative ( ) Modified Conventional ( ) Other_____

8. Please Answer The Following ( ) 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: Geraldine C Garris 4.6.17
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

Ex Bed (Gravel) 6' x 110'



IREDELL COUNTY HEALTH DEPARTMENT

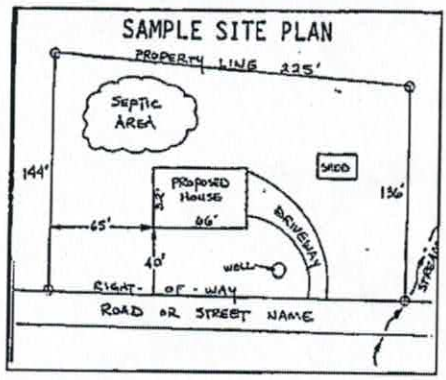
ENVIRONMENTAL HEALTH DIVISION

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

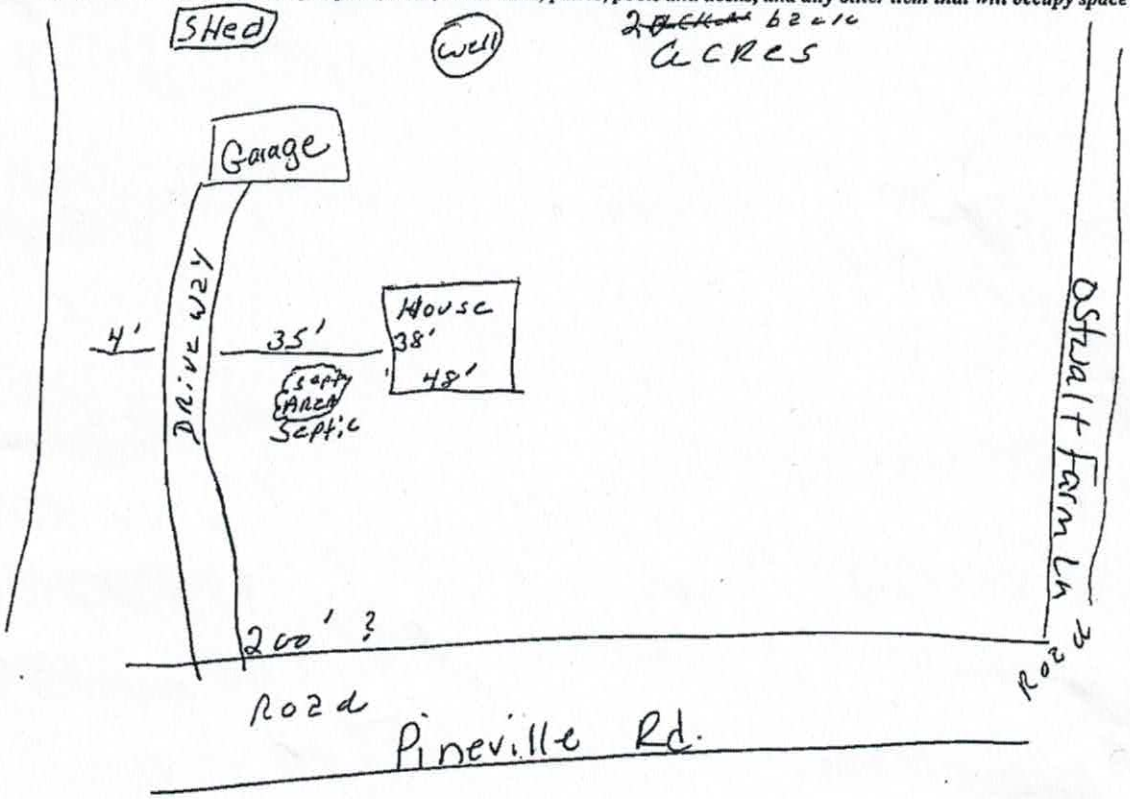


Circle N/A on the following if appropriate:

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: Geraldine C Harris

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

4-6-17

DATE