IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 222154

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

PIN # 4713419411

APPLICANT/OWNER: Brittain Alexander APPLICANT ADDRESS: 238 Beech Brook Ln Statesville NC 28625

SITE ADDRESS: ~~178~~ 168 Black Rd Statesville NC PHONE: 704-682-2531 ALT. PHONE N/A

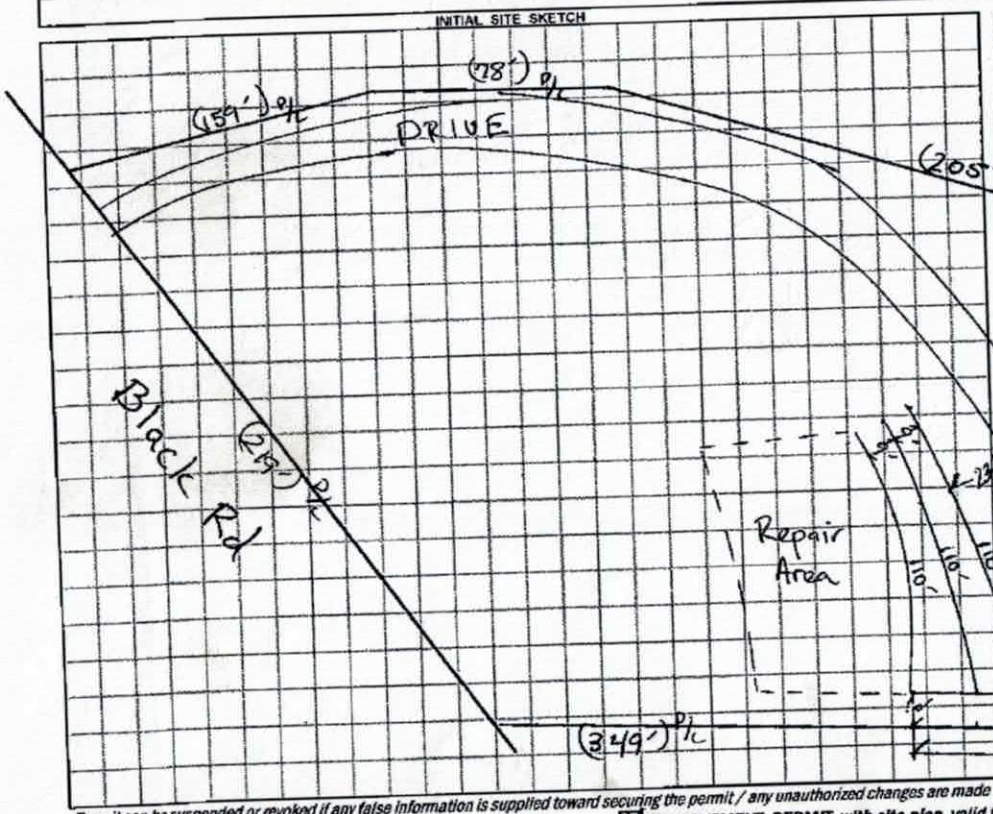
SITE DIRECTIONS: 2 IN T/L old Mountain Rd T/L Celest Eufola Rd T/L Black Rd T/L ryght SAP CONTROLLED: ☐ YES ☐ NO

SUBDIVISION: N/A SECTION: N/A LOT # N/A LOT AREA: 1.645ac DESIGN FLOW: 360 L.T.A.R.: 0.275

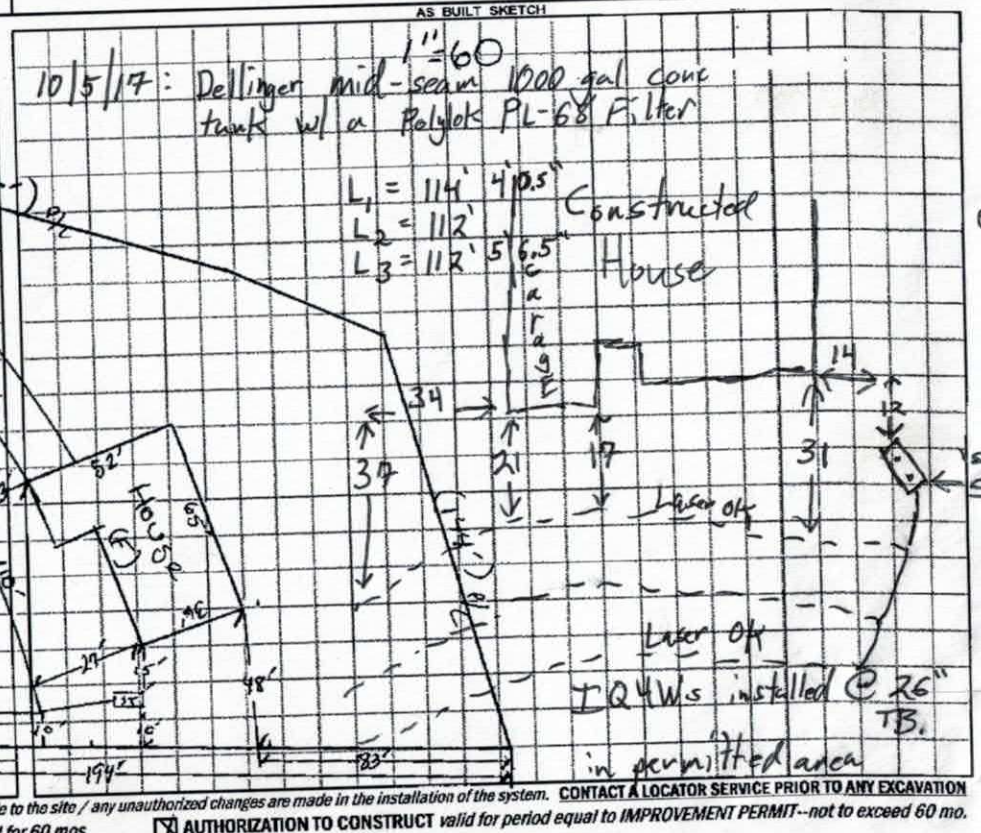
Septic Tank	1000	(gal)	STB 794	Date 8-30-17	☒ New System ☐ Repair ☐ Expansion	System Type: I II III IV V VI	☒ Residence	No. Bedrooms 3	Water Supply
Pump Tank		(gal)	PT	Date	System Description: 25% reduction		☐ Business	No. Persons 6	☐ Private
Pump Make			Model	Serial #	Repair System Description: 25% reduction		☐ Other	No. Employees	☒ Public
# Nitrification Fields			# Lines	Linear Ft 330	Maintenance Agreement Required: ☐ YES ☒ NO		☐ Slab	☒ Crawl Space	☐ Community
Trench Width	36"		Trench Bottom Depth(Low side)	34"	Gravel Depth N/A	☒ GRAVITY ☐ PRESSURE	☐ Basement w/plumbing		☐ Basement w/o plumbing

Comments / Conditions: Install 25% reduction on contour with serial distribution.

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: [signature] Date: 5/31/17 Installed by: Larry Beam

IMPROVEMENT PERMIT by: Tom Shuck Date: 10/26/16 OPERATION PERMIT by: Tom Shuck Date: 10/5/2017

AUTHORIZATION TO CONSTRUCT by: [signature] Date: 05/26/17 Existing System Inspected by: Date:

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 #
Brittain Alexander	238 beechbrook ln	704 682 2531	704 872-8708
Owner Name	Mailing Address	Home Phone #	Alternate Phone #

4. Property Information:

Street Address	Subdivision Name	Section/Phase and Lot Number
168 Black Rd		

Driving Directions: Celest Eufola to Black 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
(X) Repair To Failing Septic System due to _____
( ) Other _____

Maximum Number of Bedrooms 3
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 ( ) Yes (✓) No Does the site contain any jurisdictional wetlands?
To The Best of Your Ability: ( ) 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: Britta P. Alexander
Property owner or owner's legal representative signature (SIGNATURE REQUIRED)

4-25-17
DATE

IREDELL COUNTY HEALTH DEPARTMENT

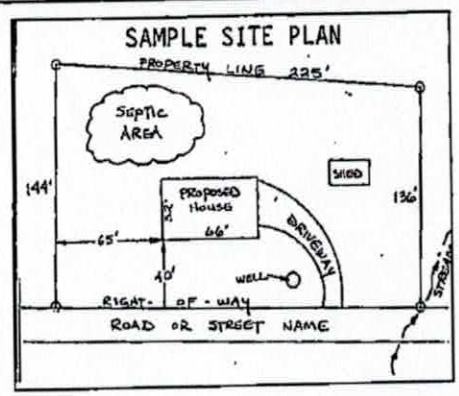
ENVIRONMENTAL HEALTH DIVISION

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:

( ) 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)

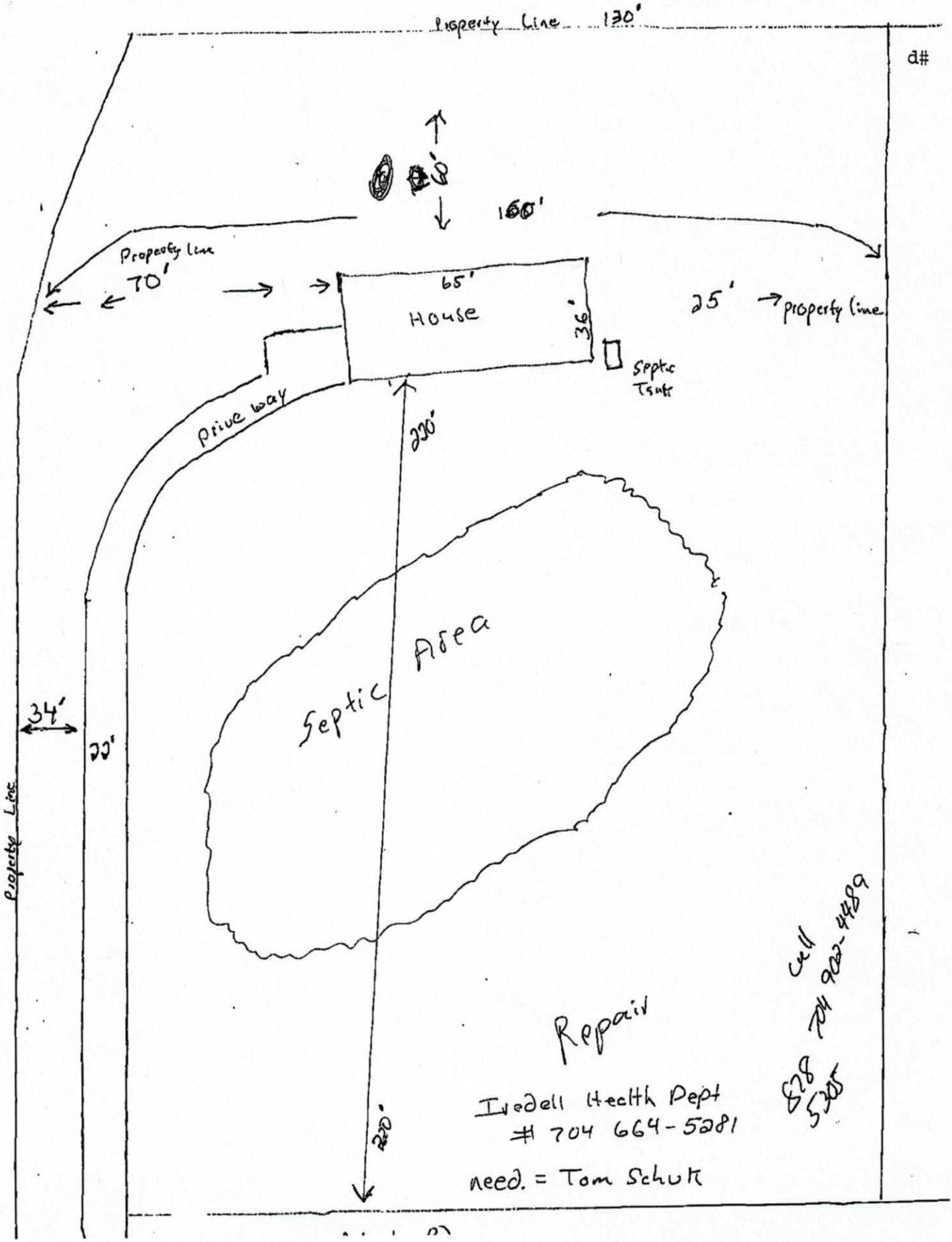
USE THIS SPACE TO DRAW YOUR SITE PLAN

Show: proposed house or business footprint, wells, water lines, patios, pools and decks, and any other item that will occupy space on the site

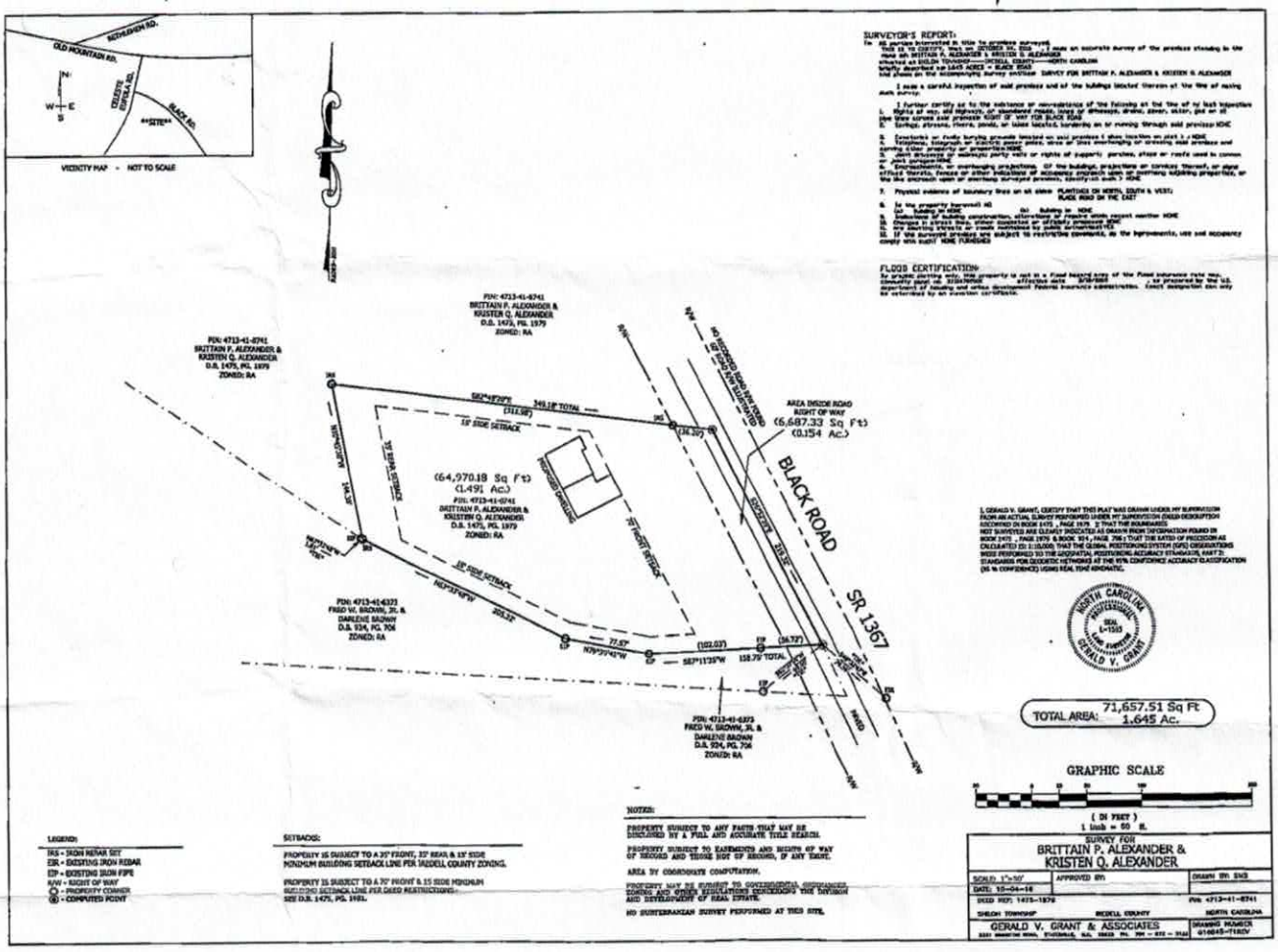
Seperate page attached

Signature: Bubba P. McCall
Property owner or owner's legal representative signature (SIGNATURE REQUIRED)

4-25-17
DATE


Property Line 130'
d#
8'
160'
Property Line
70'
65'
House
36'
25'
property line
Septic Tank
Drive way
200'
Septic Area
34'
22'
Property Line
220'
Repair
Iredell Health Dept
# 704 664-5281
need. = Tom Schuk
cell
704 902-4489
828
535

New


VICINITY MAP - NOT TO SCALE
OLD MOUNTAIN RD.
ROTHERWOOD RD.
CREEKS EDGE RD.
BLACK RD.
SITE
SURVEYOR'S REPORT:
FLOOD CERTIFICATION:
PIN: 4713-41-8741
BRITTAIN P. ALEXANDER &
KRISTEN Q. ALEXANDER
D.B. 1475, PG. 1979
ZONED: RA
PIN: 4713-41-6371
FRED W. BROWN, JR. &
DARLENE BROWN
D.B. 934, PG. 706
ZONED: RA
(64,970.18 Sq Ft)
(1.491 Ac.)
AREA INSIDE ROAD
RIGHT OF WAY
(6,687.33 Sq Ft)
(0.154 Ac.)
BLACK ROAD
SR 1367
S82°47'29"E
345.18' TOTAL
(311.08')
N82°47'29"W
345.18'
N29°27'40"W
205.52'
S87°11'39"W
158.79' TOTAL
(152.03')
77.57'
(36.72')
(36.39')
15' SIDE SETBACK
35' REAR SETBACK
35' FRONT SETBACK
PROPOSED DWELLING
EXISTING 30' R/W
NO RECORDED RIGHT-OF-WAY
NAILED
I, GERALD V. GRANT, CERTIFY THAT THIS PLAT WAS DRAWN UNDER MY SUPERVISION
NORTH CAROLINA
PROFESSIONAL
SEAL
L-1505
LAND SURVEYOR
GERALD V. GRANT
TOTAL AREA: 71,657.51 Sq Ft
1.645 Ac.
GRAPHIC SCALE
(IN FEET)
1 inch = 50 ft.
LEGEND:
SETBACKS:
NOTES:
SURVEY FOR
BRITTAIN P. ALEXANDER &
KRISTEN Q. ALEXANDER
SCALE: 1"=50'
APPROVED BY:
DRAWN BY: SNS
DATE: 10-04-16
DEED REF: 1475-1979
PIN: 4713-41-8741
SHELBY TOWNSHIP
RUTHERFORD COUNTY
NORTH CAROLINA
GERALD V. GRANT & ASSOCIATES
DRAWING NUMBER
616645-T1.DGN

IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 222154

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

PIN # 4713-41-8741

APPLICANT: Brittain Alexander APPLICANT ADDRESS: 238 Beechbrook Lane, Statesville, NC 28625

SITE ADDRESS: 168 Black Rd. Statesville, NC PHONE: 704-682-2531 ALT. PHONE:

SITE DIRECTIONS: Rt 21 N from Trautman → L on Old Mountain Rd → L on Celeste Eutola Rd → L on Black Rd → Lot on Right

SUBDIVISION: — SECTION: — LOT # — LOT AREA: ≈5.6 acres DESIGN FLOW: 360 GPD L.T.A.R.: 0.25

Septic Tank	1000	(gal)	STB		Date						
Pump Tank	—	(gal)	PT	—	Date	—					
Pump Make	—	Model			Serial #	—					
# Nitrification Fields	1	# Lines	4		Linear Ft:	360					
Trench Width	36"	Max. Trench Bottom Depth	36" [high side]		Gravel Depth	—					

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

System Description: 25% Reduction

Repair System Description: 25% Reduction

Maintenance Agreement Required: ☐ YES ☒ NO

☒ GRAVITY ☐ PRESSURE

☒ Residence No. Bedrooms 3

☐ Business No. Persons 6

☐ Other No. Employees —

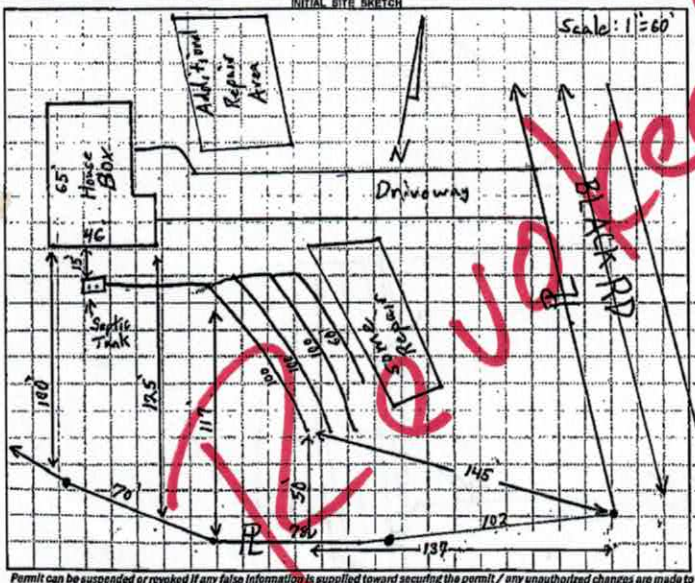
☐ Slab ☒ Crawl Space

☐ Basement w/plumbing ☐ Basement w/o plumbing

Water Supply: ☐ Private ☒ Public ☐ Community

Comments / Conditions: Follow all N.C. Septic rules. Recommend pumping septic tank every 3-5 years.

INITIAL SITE SKETCH



AS BUILT SKETCH

Revoked

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: [signature] Date: 2-02-17 Installed by: —

IMPROVEMENT PERMIT by: Sam Shuck Date: 1-31-2017 OPERATION PERMIT by: — Date: —

AUTHORIZATION TO CONSTRUCT by: Sam Shuck Date: 2-2-2017 Existing System Inspected by: — Date: —

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