IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 201875

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

PIN #

APPLICANT: Edith Byers APPLICANT ADDRESS: 491 Cove Gap Rd Statesville NC 28625

SITE ADDRESS: 975 Midway Rd Statesville NC 28625 PHONE: 704-876-1193 ALT. PHONE: N/A

SITE DIRECTIONS: 115 N to Midway go 3miles after Stanley 5th lot on left

SUBDIVISION: Midway MHP SECTION: N/A LOT # 14 LOT AREA: N/A DESIGN FLOW: 360 L.T.A.R.: N/A

Septic Tank	EX	(gal)	STB	EX	Date	EX			
Pump Tank	N/A	(gal)	PT	N/A	Date	N/A			
Pump Make	N/A	Model		EX	Serial #	EX			
# Nitrification Fields	1	# Lines		4	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: N/A

Repair System Description: N/A

Maintenance Agreement Required: ☐ YES ☒ NO

☒ GRAVITY ☐ PRESSURE

☒ Residence ☐ Business ☐ Other ☐ Slab ☐ Basement w/plumbing

No. Bedrooms 3 No. Persons 6 No. Employees ☒ Crawl Space

Water Supply: ☒ Private ☐ Public ☐ Community

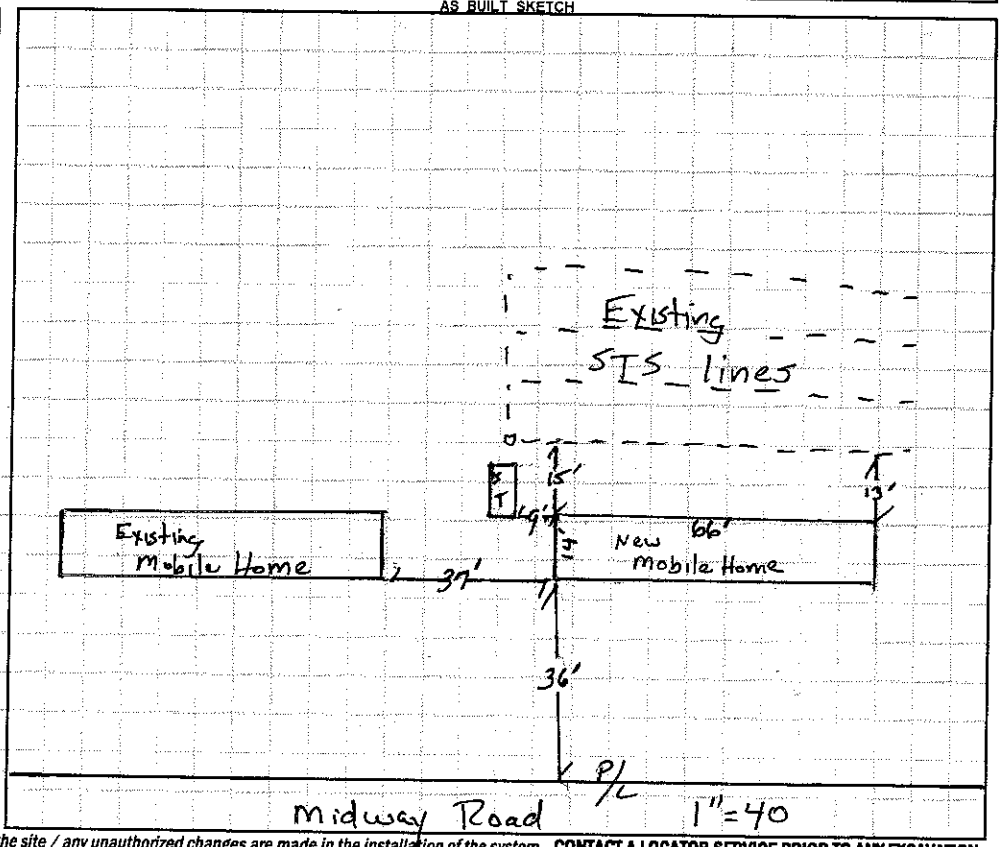
☐ Basement w/o plumbing

Comments / Conditions:

All building foundations must be ≥5 from any part of STS and ≥50' from any well. Existing permit sized for 3 bedroom with LTAR.

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: Edith Byers Date: Installed by:

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

AUTHORIZATION TO CONSTRUCT by: Date: Existing System Inspected by: Robert H. Lee Date: 03/06/14

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

Replacing burned SW mh w/ same.

IREDELL COUNTY HEALTH DEPARTMENT

201875

ENVIRONMENTAL HEALTH DIVISION

PAGE 1: *APPLICATION FORM*

Application For:

( ) New Well Permit ( ) Well Repair Permit ( ) Well Abandonment
( ) Septic Improvement Permit ( ) 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:

2/3/15
Applicant Name: Edith Byers **Address:** 491 Cove Gap Rd Statesville **Phone:** 704 876 1193

Owner Name: (Same) **Address:** _____ **Phone:** _____

Property Information:

Street Address: 975 Midway Rd Statesville NC 28625

Subdivision Name: Midway MHP **Section/Phase:** _____ **Lot Number:** 14

Driving Directions: Hwy 115 N to Midway go 3 miles after you pass Stanley Dr. 5th lot on left

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

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

Maximum Number of Bedrooms: 3
Maximum Number of Occupants: 5 ?
( ) Swimming Pool
( ) Other Addition/Structure: _____

(✓) 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 ( ) Existing Well (✓) Community Well ( ) City Water ( ) Other Public Water

Desired Septic System Type: *(you may rank in order of preference)* attached **Year existing system installed:** ? 1990

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

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. industrial) 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.

Signature: Edith Byers
Property owner or owner's legal representative signature (SIGNATURE REQUIRED)

2/25/14
DATE

PAID 227.25 2/25/14 at