IREDELL COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

PAGE 1: *APPLICATION FORM*

Lot 74

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:

Applicant Name: The Finished Touch Address: 217 S. Tradd St, Strl, NC 28 Phone: 704 872-0573 704.929-9358 cell

Owner Name: Crosswhite Address: 143 Sierra Woods Dr. Trtm. Phone: 704-529-3088

Property Information:

Street Address: 143 Sierra Woods Dr. Troutman, NC 28166

Subdivision Name: Wild Life Estates Section/Phase: _____ Lot Number: _____

Driving Directions: Go 1½ mile down State Park Rd. Turn ~~Right~~ left on Wild Life Rd. Go approx ½ mile to Sierra Woods Dr. on right. Go to end of road into culdesac (Brick house)

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

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

Maximum Number of Bedrooms: 4
Maximum Number of Occupants: 5
( ) Swimming Pool
( ) Other Addition/Structure: deck

( ) Crawl Space Foundation
( ) Concrete Slab Foundation
(✓) Basement with Plumbing
( ) Basement without Plumbing

Non-Residential Site Development:

Type of Business: _____
Square Footage of Building: 275
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)* Year existing system installed: _____

( ) 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: Wanda Myers 2-16-15

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

IREDELL COUNTY HEALTH DEPARTMENT

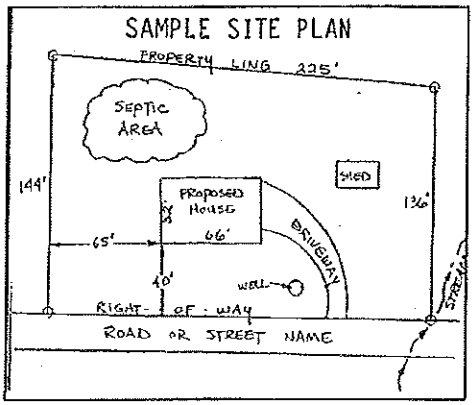
ENVIRONMENTAL HEALTH DIVISION

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:

( ) 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

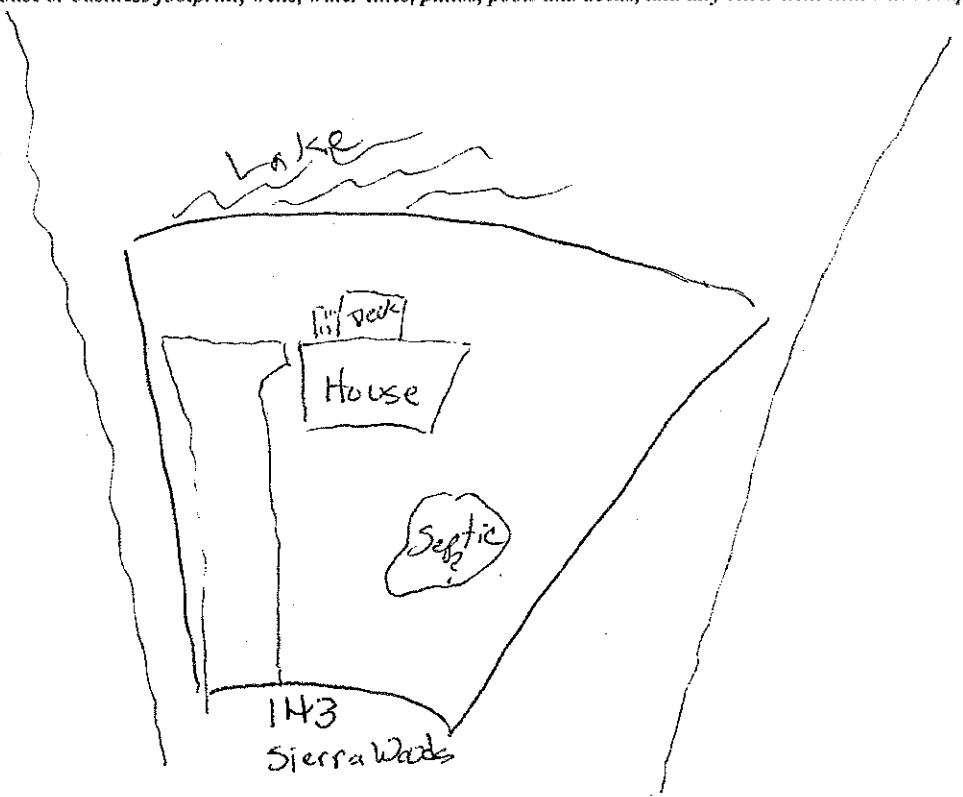


Circle N/A on the following if appropriate:

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: Nicole Myers

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

2-16-17

DATE

IREDELL COUNTY HEALTH DEPARTMENT

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

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

DATE 11/3/98

PERMIT# 074853 PIN# 4639734550 PT PHONE: Business 663-6905 Home

OWNER OR CONTRACTOR Crescent Resources

ADDRESS P.O. Box 1063 Charlotte NC 28201

LOCATION State Park Rd Wildlife Bay Rd Sierra Woods 6th lot on left after Deer Run SITE CLASS. PS DESIGN FLOW 480gpd L.T.A.R. .3

SUBDIVISION Wildlife Bay BLOCK / SECTION I LOT 74/74A LOT AREA

Septic Tank: 1000 Gallons; STB 825 Date 3/31/00

Pump Tank: 100 Gallons; PT 302 Date 3/17/00

Pump Make S Hydromatic Model SKHA 16M2 Serial No.

Nitrification Field: No Fields 1 Square Feet 1200' Linear Feet 400'

No Lines 4 at 100' Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth N/A

[X] New System [ ] Repair System Type: I, II, III, IV, V, VI

System Description: Pump (PM) 25% Reduction

Repair System Description: Pump - Panel

Maintenance Agreement Required: [ ] Yes [X] No

[X] House/Mod. Home [ ] Mobile Home [ ] Business [ ] Other

No. Bedrooms 4 No. Bathrooms 4 No. Employees

[ ] Slab [ ] Crawl Space [X] Basement w/plumbing [ ] Basement wo/plumbing

Water Supply: [ ] Individual [ ] Public [X] Community

Comments:/Conditions: Keep Septic System at least 10' from PL # 50' From Lake.

Comments:/Conditions: 5-2 Top Two Lines installed on Contour # corrected 50ft 2nd 70ft 3rd 80 Last Two Lines 100ft

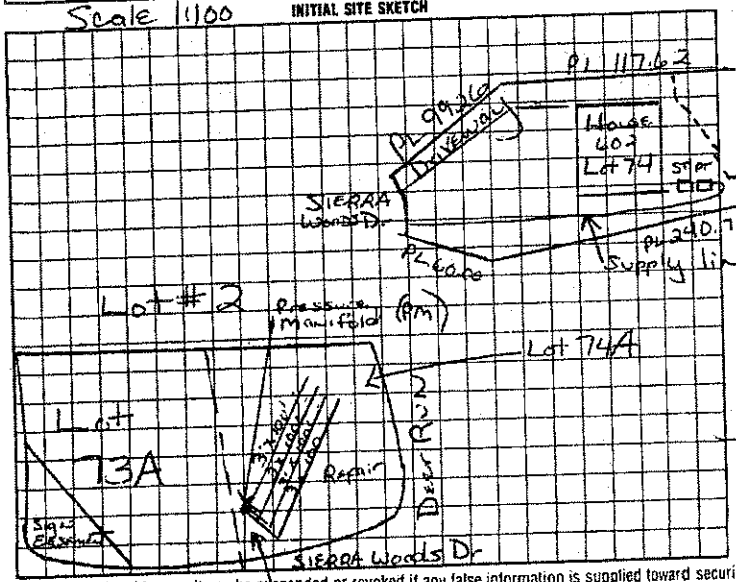
5-3 Last 3 Lines installed w/ Pressure Manifold

5-4 Pressure Set Tanks inspected OK

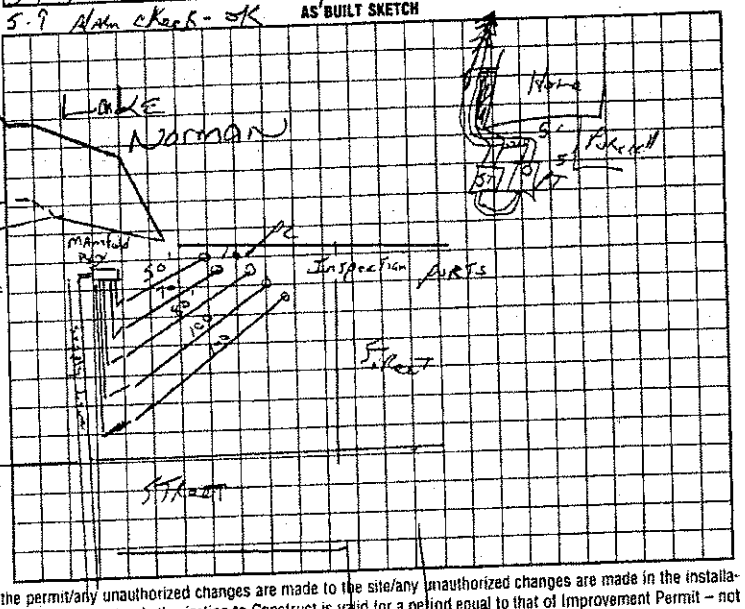
5-9 Alarm Check - OK

INITIAL SITE SKETCH

Scale 1:100



AS BUILT SKETCH



I understand that this 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. Improvement Permit with plat valid 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.

Signed: Carl G. Pinson date 11-9-98

Improvement Permit by: Mark H. Bolton, R.S. date 11/4/98

Authorization to Construct by: STEVE HORRICK date 10-22-99

Installed by: C. H. Collins date May 9 2000

Operation Permit by: C. Bitter date

Existing System Inspection by: date

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