IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 233525

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

PIN # 4721944187

APPLICANT/OWNER: Jacqueline Bailey APPLICANT ADDRESS: 184 Kingswood RD Statesville NC 28625

SITE ADDRESS: 541 E. Mombo Road Statesville NC 28677 PHONE: 704-929-0064 ALT. PHONE ~

SITE DIRECTIONS: 21 to Old Mtn RD Turn R on E Mombo R House on Left SAP CONTROLLED: ☐ YES ☒ NO

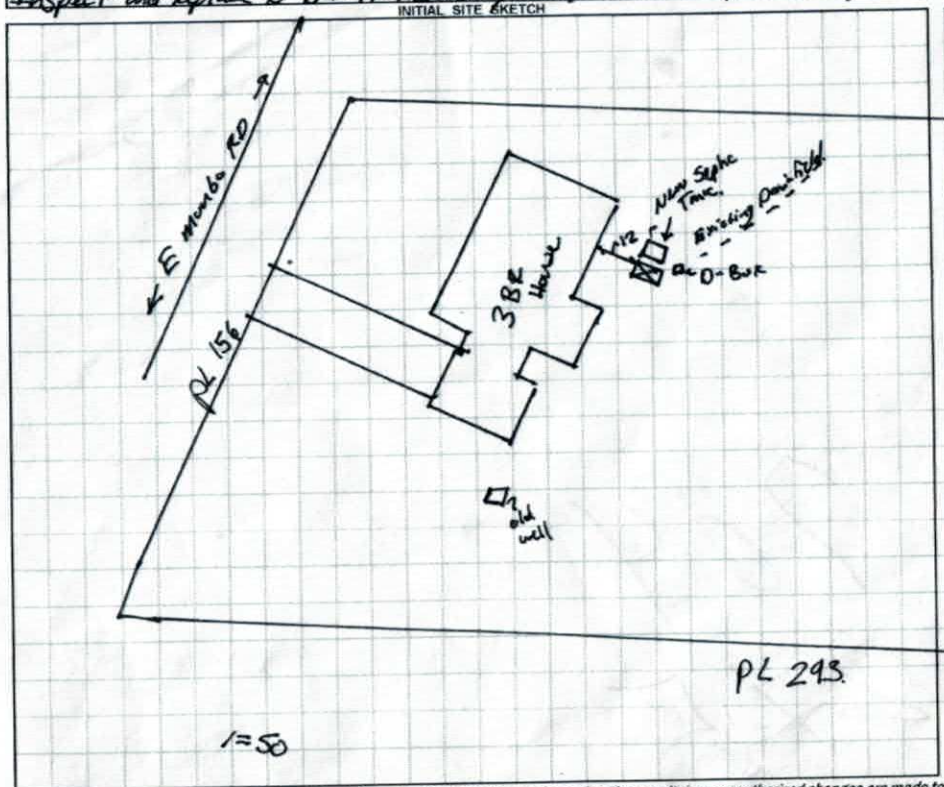
SUBDIVISION: SECTION: LOT # LOT AREA: DESIGN FLOW: 360 L.T.A.R.: Ext

Septic Tank	1000 (gal)	STB	160	Date	10-23-17	☐ New System	☒ Repair	☐ Expansion	System Type: I II III IV V VI
Pump Tank	~ (gal)	PT	~	Date	~	System Description:	~		
Pump Make	~	Model	~	Serial #	~	Repair System Description:	Tank Replacement		
# Nitrification Fields	Ext	# Lines	Ext	Linear Ft	Ext	Maintenance Agreement Required:	☐ YES	☒ NO	
Trench Width	Ext	Trench Bottom Depth(Low side)	Ext	Gravel Depth	Ext	☒ GRAVITY	☐ PRESSURE		

☒ Residence	No. Bedrooms	3	Water Supply
☐ Business	No. Persons	6	☐ Private
☐ Other	No. Employees		☐ Public
☐ Slab	☐ Crawl Space		☐ Community
☐ Basement w/plumbing			☒ Basement w/o plumbing

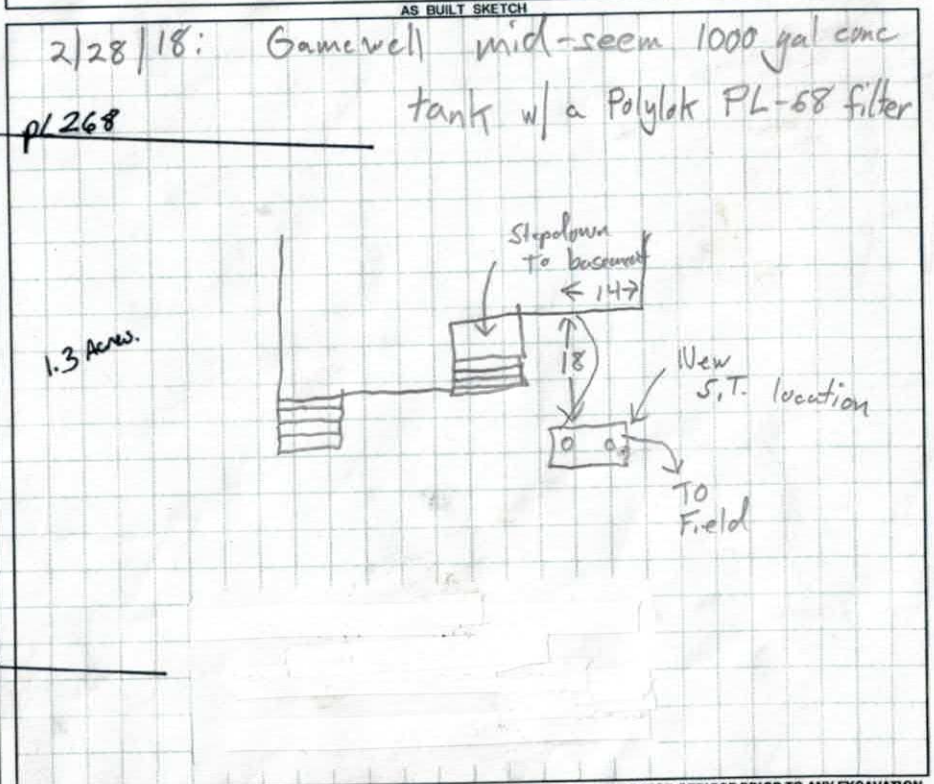
Comments / Conditions: Replace failing septic tank with new Septic tank. Pump, crush fill or haul away old septic tank. Maintain 10ft from House Foundation. Inspect and Replace D-Box if necessary. Install Risers if necessary.

INITIAL SITE SKETCH



AS BUILT SKETCH

2/28/18: Gamewell mid-seem 1000 gal conc tank w/ a Polylok PL-68 filter



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: Niall Rolston Date: 2/26/18 Installed by: Kevin Bowles

IMPROVEMENT PERMIT by: Benjamin A. Bolton Date: 2/21/2018 OPERATION PERMIT by: Tom Shuck Date: 2/28/18

AUTHORIZATION TO CONSTRUCT by: Benjamin A. Bolton Date: 2/21/2018. Existing System Inspected by: Date:

FOR SEPTIC FINAL INSPECTION: CALL 704-864-3703 between 8am-9am the day the inspection is needed. Be sure to speak with an inpsector to confirm your inspection time.

233525.

IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

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: (PRINT CLEARLY)

Applicant Name: Jacqueline Bailey Address: 184 Kingswood Rd, Statesville NC Zip: 28625

Applicant Email: cjlewoman@bellsouth.net Phone: 704-929-0064 Alt. Phone: _____

Owner Name: Nell Loftin Address: 541 E. Monbo Rd, Statesville, nc Zip: 28677

Owner Email: _____ Phone: 704-528-2665 Alt. Phone: _____

Property Information:

Street Address: 541 E. Monbo Rd., Statesville, NC 28677

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

Driving Directions: _____

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

( ) New Single Family Residence
( ) New Multi-Family Residence
( ) Accessory Building
( ) Bedroom(s) Addition
( ) Repair to failing septic system ___ Tank ___ Drain lines Describe Problem: _____

Maximum Number of Bedrooms: 3
Maximum Number of Occupants: 1
( ) Swimming Pool
( ) Other Addition/Structure: _____

CHECK FOUNDATION TYPE
( ) Crawl Space Foundation
( ) Concrete Slab Foundation
( ) Basement with Plumbing
( ) Basement without Plumbing

Non-Residential Site Development: Type of Business: _____
Square Footage of Building: _____ Max. Number of Employees: _____ Max. Number of Seats/Beds/Other: _____

Water Supply: ( ) Replacement Well – Reason: _____
( ) Multi-connection Well Number of Houses: _____ Number of Persons: _____

( ) New Well ( ) Existing Well ( ) Community Well (X) City Water ( ) Other Public Water

Desired Septic System Type: *(you may rank in order of preference)* Year existing system installed: 1956
( ) 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: Jacqueline Bailey 2-20-2018
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

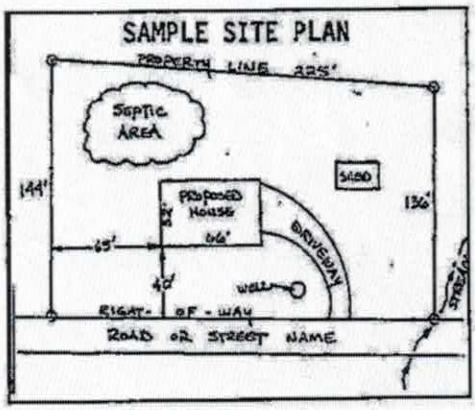
IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

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 OR WELL 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
( ) Preferred well location
( ) Preferred septic system location
( ) North arrow, or other sufficient indicator of direction

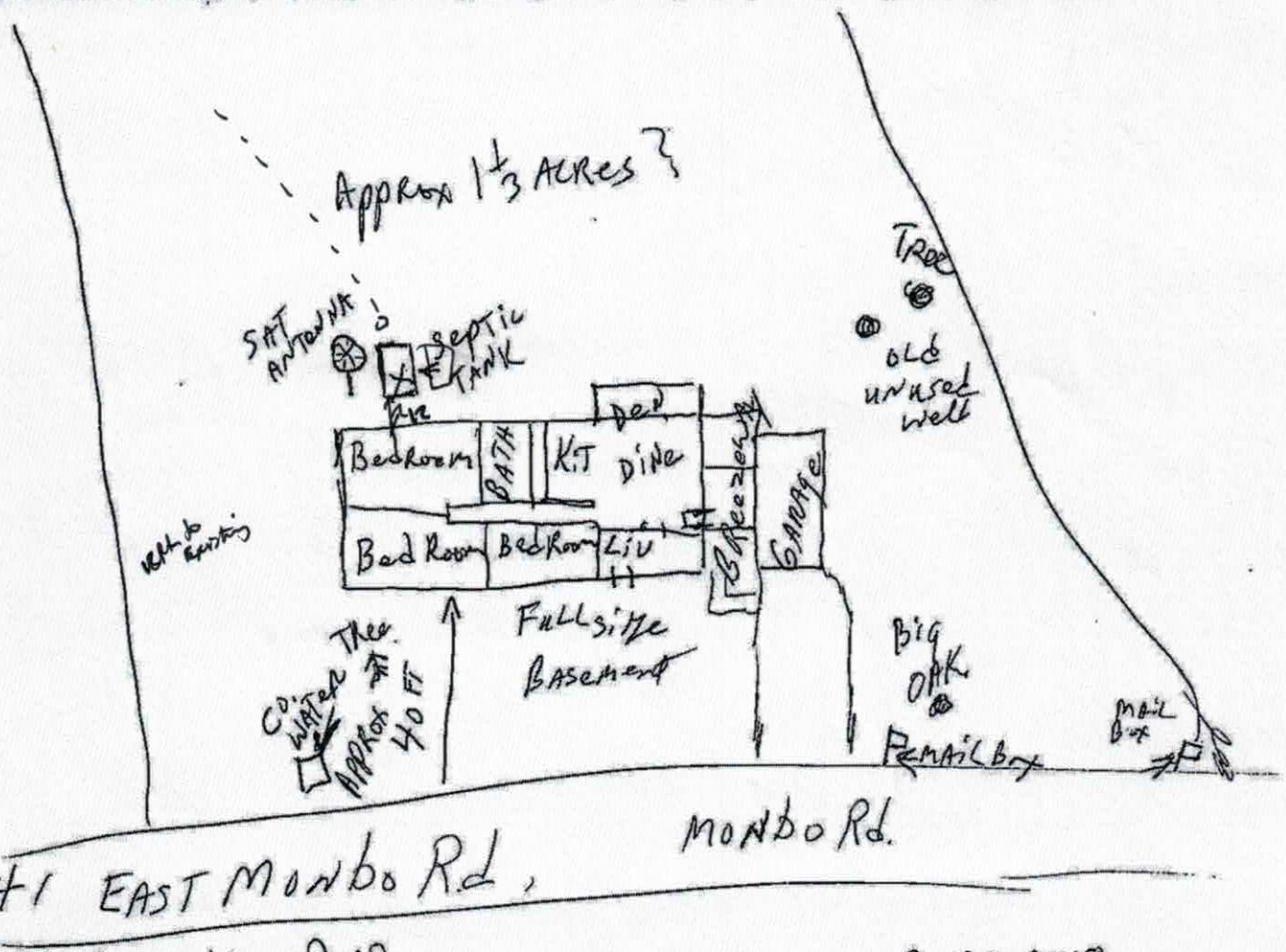


Circle N/A on the following if appropriate:

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

2-20-2018
DATE