IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 226802

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

PIN # 4727-38-1041

APPLICANT: Dale McCoy Owner: Frank Whiting APPLICANT ADDRESS: 999 Triplett Rd. Cleveland NC

SITE ADDRESS: 891 Old Mountain Rd. Statesville, NC PHONE: 704-929-8281 ALT. PHONE: Frank: 704-528-9395

SITE DIRECTIONS: Old Mountain Rd N from Troutman → Establishment is on the left @ the corner/intersection w/ Buffalo Shoals Rd

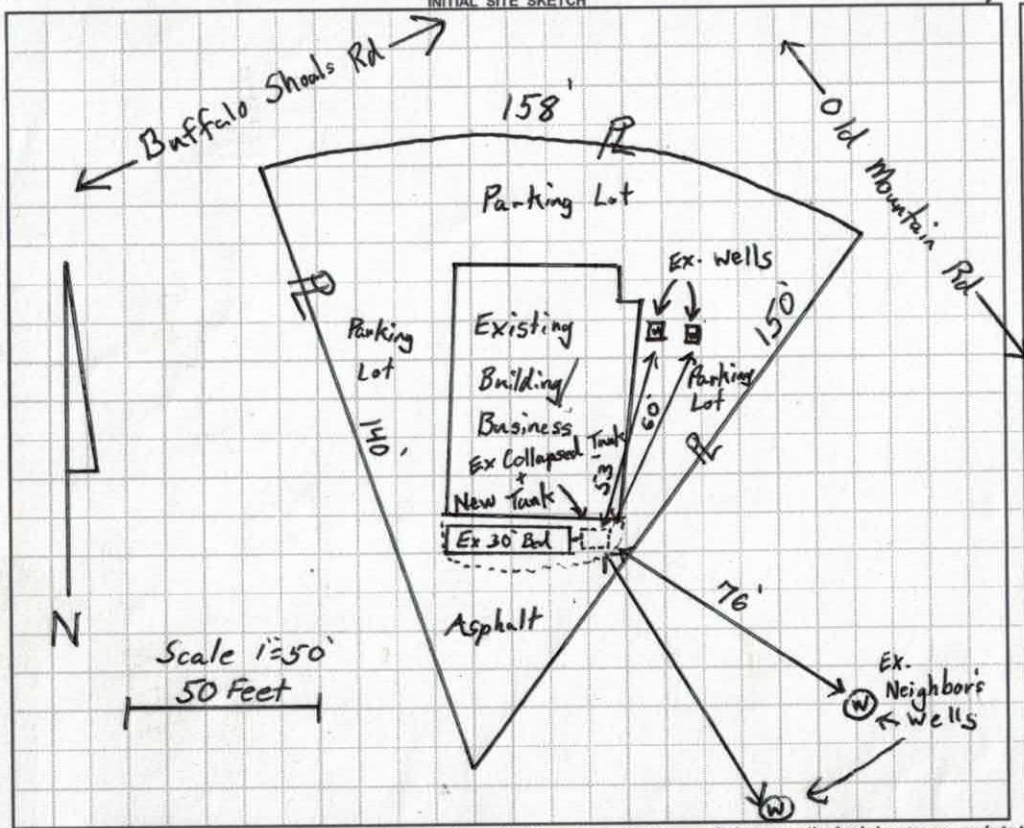
SUBDIVISION: A F Troutman Estate SECTION: — LOT # Part 65 & 66 LOT AREA: Null DESIGN FLOW: 425 GPD* L.T.A.R.: —

Septic Tank	1500 ~~Sand~~ (gal)	STB	200-964	Date	5/21/17	☐ New System	☒ Repair	☐ Expansion	System Type: I (II) III IV V VI
Pump Tank	— (gal)	PT	—	Date	—	System Description:	Replace collapsed septic tank with		
Pump Make	—	Model	—	Serial #	—	Repair System Description:	new tank. Existing Bed to remain		
# Nitrification Fields	1	# Lines	Ex Bed	Linear Ft:	5.5' x 30'	Maintenance Agreement Required:	☐ YES	☒ NO	
Trench Width	—	Max. Trench Bottom Depth	30" (Ex)	Gravel Depth	Ex		☒ GRAVITY	☐ PRESSURE	

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

Comments / Conditions: Existing Tank shall be pumped, limed + either crushed in place or hauled away. New septic tank shall be installed in same location as old tank. Should the tank need to be relocated into the turnaround/parking area, a traffic rated tank may be needed. A 1/32nd industrial grade effluent filter is also required. Strongly recommend pumping tank every 3 years + checking filter annually. * Design flow is based upon 3 employees working 3 chairs + an adjacent tanning salon with 10 active tanning tables (2 employees) Strongly recommend conservative water use due to limited area for future repair.

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: Dale McCoy Date: 6-6-17 Installed by: Jared Lentz - Westwater

IMPROVEMENT PERMIT by: Tom Pluch Date: 5/11/2017 OPERATION PERMIT by: Benjamin A Batten Date: 6/21/20

AUTHORIZATION TO CONSTRUCT by: Tom Pluch Date: 5/11/2017 Existing System Inspected by: Date:

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

REDELL COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
Application for SEPTIC REPAIR PERMIT

(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: X **Improvement Permit** ___ **Authorization To Construct** ___ **BOTH** ___ **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 #
Duke McCoy	999 Triple H Rd, Cleveland NC	704-525-3154	704-929-8281
Owner Name	**Mailing Address**	**Home Phone #**	**Alternate Phone #**
Frank Whiting (Paige)			704-528-9395 704-525-9317

4. Property Information:

Street Address	Subdivision Name	Section/Phase and Lot Number
891 Old Mt. Road		PT65 - PT66

Driving Directions: On Left - Old Mt Rd, to Burris St.

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 ___
Maximum Number of Occupants ___
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	Salon
Square Footage of Building	Approx 1000
Maximum Number of Employees	3
Maximum Number of Seats	6

6. Proposed Water Supply:

( ) New Well (X) 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 1966 (Year)

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

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

4-25-17
DATE

IREDELL COUNTY DEPARTMENT OF ENVIRONMENTAL HEALTH

DOCUMENTATION TO AUTHORIZE AN OWNER'S LEGAL REPRESENTATIVE

Applications for permits require the "signature of the owner or owner's legal representative" (15A NCAC 18A .1937). If the owner does not sign the application himself or herself, they can submit any one of the following documents to designate their legal representative:

Power of Attorney; Real Estate Contract; Estate executor; Bankruptcy trustee; Court ordered guardianship

In the absence of the above documentation, the property owner may provide the local health department with documentation that designates a legal representative. A property owner may:
Complete this form to document his or her legal representative, or provide his or her own form that contains the information in this form.
If there are multiple property owners, then all property owners must sign the form that designates a legal representative.

By signing a form that designates a legal representative for purposes of 15A NCAC 18A .1937, the property owner authorizes that representative to act on their behalf in matters pertaining to the application and permitting process, including signing or receiving any application, document or permit. The owner retains full responsibility to meet all permit conditions specified by the local health department.

I, Frank Whiting, am the legal owner(s) of the property located at 891 Old Mt. Road, identified as PIN (Parcel Identification Number) 4722381041, located in Iredell County, North Carolina.

I do hereby authorize (**print legal representative/company name**) Dale McCoy, Avery Cabinet & Countertops to act as an agent on my behalf in applying for/signing/obtaining any of the documents described below.

- Application for Improvement Permit (IP) / Authorization to Construct (AC)
- Improvement Permit (IP) / Authorization to Construct (AC)
- Application for soil-site evaluation (new/repair)
- Application/permit for private drinking water well/well abandonment
- Application for Compliance Inspection

I agree to abide by all decisions and/or conditions between the legal representative acting on my behalf and the Iredell County Department of Public Health, Environmental Health Division.

Signature of Owner(s) 5-1-17 Date

Signature of Witness 5/1/17 Date

Please return this signed form to the appropriate office:

Mooresville - Environmental Health
ronda.hart@co.iredell.nc.us
Fax: 704-662-3239
610 E. Center Avenue, Mooresville, NC 28115

Statesville - Environmental Health
adrienne.shea@co.iredell.nc.us
Fax: 704-871-3483
349 N. Center Street, Statesville, NC 28677

IREDELL COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION:
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... **X All proposed structures are indicated...**

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

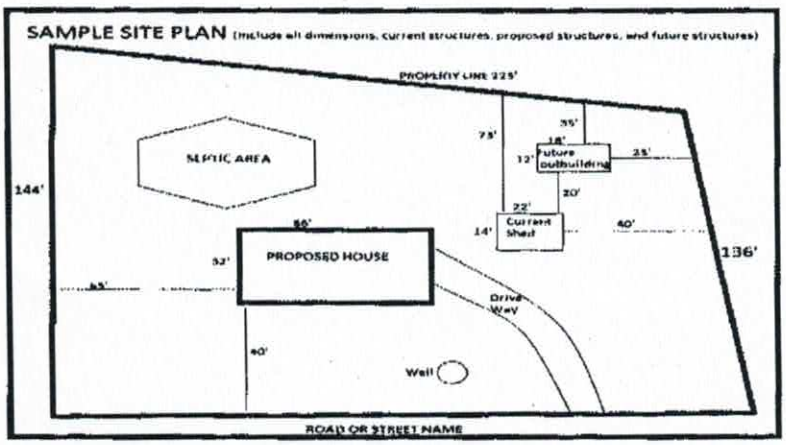
_____ Front and side setbacks from property line... **_____ Preferred driveway location and configuration, preferred well location...**

_____ 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



Signature: _____ 5-1-17

***REQUIRED* property owner or owner's legal representative signature.** **DATE**