IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 230724

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

PIN # 4723-66-9943

APPLICANT/OWNER: Jordan Stephens APPLICANT ADDRESS: 220 Beech Brook Lane Statesville, NC 28625

SITE ADDRESS: 155 Old Airport Rd. Statesville, NC 28677 PHONE: unknown ALT. PHONE

SITE DIRECTIONS: Highway 70 west → R on Old Airport Rd → House on left SAP CONTROLLED: ☐ YES ☒ NO

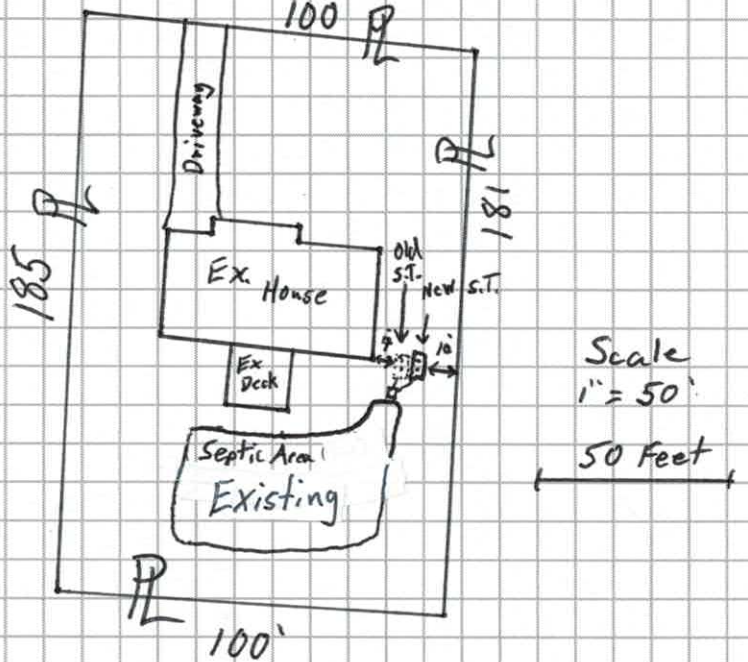
SUBDIVISION: Lakewood Estates SECTION: 3 LOT # 76 LOT AREA: 0.42 DESIGN FLOW: 360 GPD L.T.A.R.: —

Septic Tank	1000	(gal)	STB	760	Date	8/11/17.	☐ New System	☒ Repair	☐ Expansion	System Type: I (II) III IV V VI	
Pump Tank	—	(gal)	PT	—	Date	—	System Description:	Replace septic tank as			
Pump Make	—	Model	—	Serial #	—		Repair System Description:	requested. Abandon old tank			
# Nitrification Fields	Ex	# Lines	Ex	Linear Ft	Ex		Maintenance Agreement Required:	☐ YES	☒ NO		
Trench Width	Ex	Trench Bottom Depth(Low side)	Ex	Gravel Depth	Ex		☒ 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: Recommend locating, uncovering + ensuring Distribution Box is equally distributing. Also recommend that the tank be pumped every 3-5 years. Old Septic Tank shall be pumped and either: 1) crushed in place or 2) Hauled away.

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: 10/23/17 Installed by: Jared Lantz - Washington

IMPROVEMENT PERMIT by: Tom Thudy Date: 10/13/17 OPERATION PERMIT by: Benjamin Bolton Date: 11/1/2017.

AUTHORIZATION TO CONSTRUCT by: Tom Thudy Date: 10/13/17 Existing System Inspected by: Date:

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

230724

(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)

Repair

1. APPLICATION FOR: (✓) 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:

704-838-6674 (no Jordan Here)

Applicant Name Jordan stephens **Mailing Address** 220 Beech Brook Ln, Statesville NC 28625 **Home Phone #** 704-838-6674 **Alternate Phone #**

704-838-6679 (no)

Owner Name Jordan stephens **Mailing Address** 220 Beech Brook Ln 28625 Statesville NC **Home Phone #** 704-838-6674 **Alternate Phone #**

4. Property Information:

Street Address 155 old airport RP Statesville NC 28677 **Subdivision Name** lakewood estates **Section/Phase and Lot Number**

Driving Directions: take I-40 a west to exit 148. turn left onto Hwy 90. turn right onto Bristol Dr. turn Right onto Hwy 70. turn left onto old airport rd. go through roundabout exiting onto east aviation dr. turn Left onto old airport rd residence on the Rig

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 1
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 _____ Ma

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 1986 *Year*

( ) Alternative (✓) 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)

DATE 10/6/17

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... **_____ 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

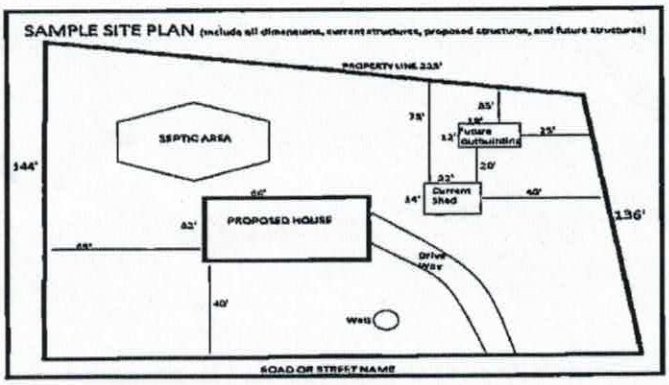
_____ Front and side setbacks from property line... **_____ Preferred driveway location and configuration, preferred well location...**

_____ 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

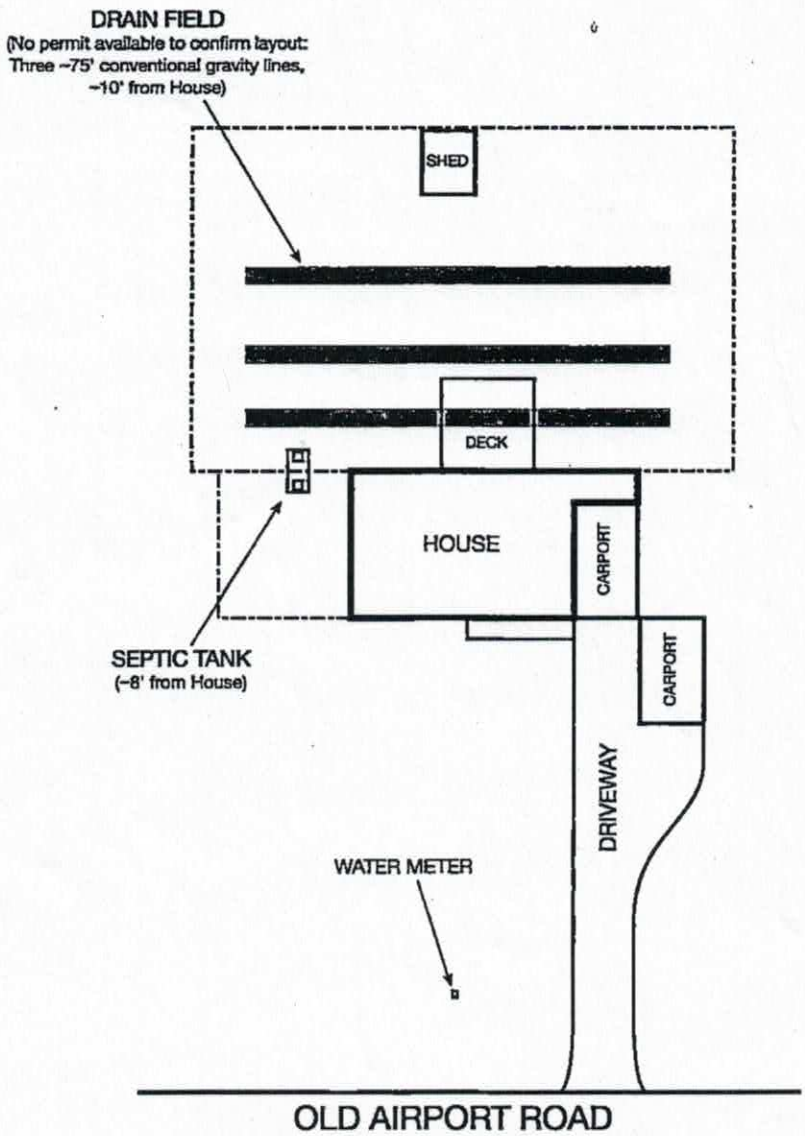
_____ Location of easements and rights of ways on your property... N/A **_____ Location of any designated wetlands on the property... N/A**



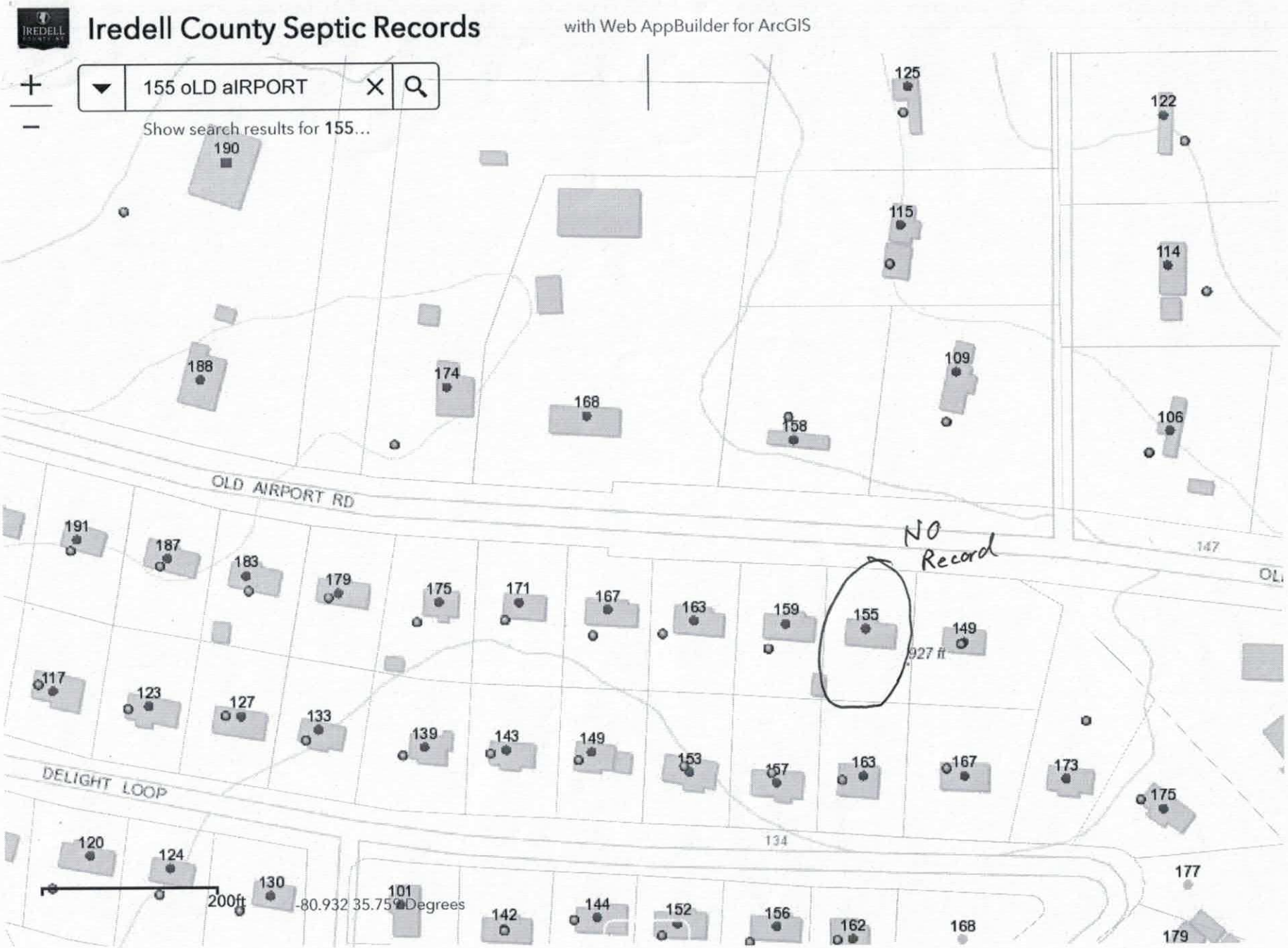
USE THIS SPACE TO DRAW YOUR SITE PLAN

Signature: _____

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



155 Old Airport Rd
Statesville, NC 28677
2017 September 04
(Not to scale)


Iredell County Septic Records
with Web AppBuilder for ArcGIS
155 oLD aIRPORT
Show search results for 155...
OLD AIRPORT RD
DELIGHT LOOP
NO Record
927 ft
200ft
-80.932 35.759 Degrees
190
188
174
168
158
125
122
115
114
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