IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 230234

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

4:00 PIN # 4724937961

APPLICANT/OWNER: Don Stone APPLICANT ADDRESS: 2060 Bristol Rd Statesville NC 28677

SITE ADDRESS: 2060 Bristol Rd Statesville NC 28677 PHONE: 980-829-7957 ALT. PHONE 980-223-8304

SITE DIRECTIONS: Gagnal Bagnal W T/c Newton Dr T/c Grier Ln house on corner SAP CONTROLLED: ☐ YES ☐ NO

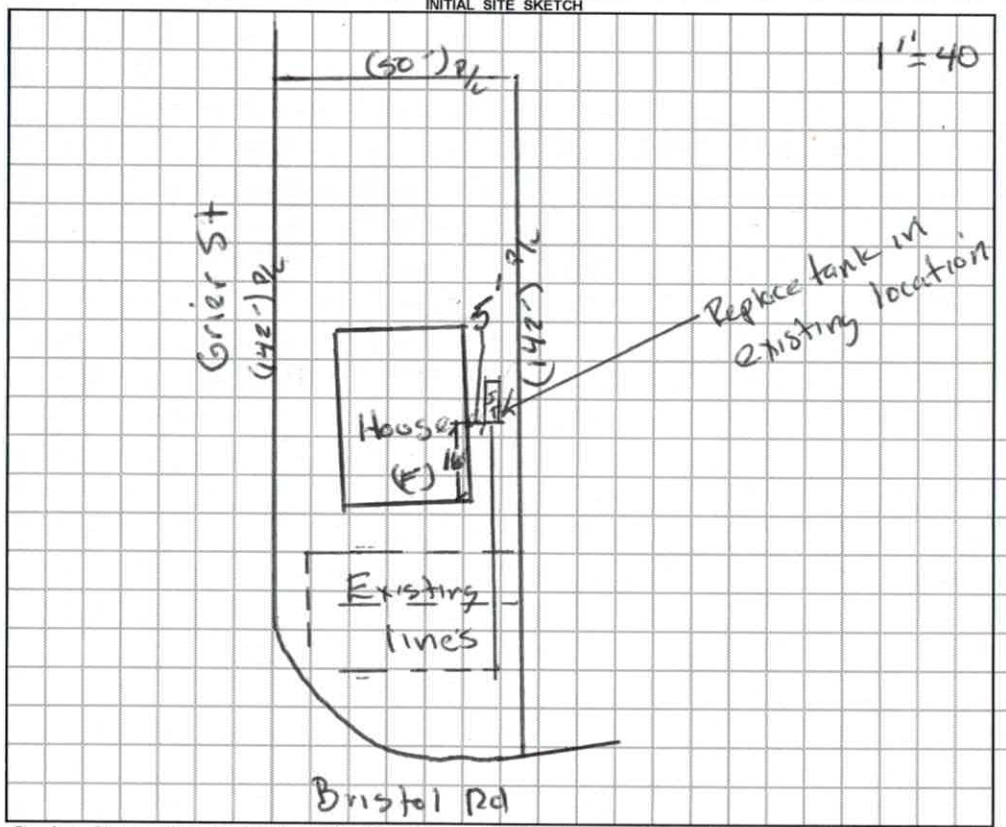
SUBDIVISION: Rayon Park SECTION: N/A LOT # 220-221 LOT AREA: 0.16 ac DESIGN FLOW: Ex L.T.A.R.: Ex

Septic Tank	1000 (gal)	STB	760	Date	9/18/17	☐ New System	☒ Repair	☐ Expansion	System Type: I	II	III IV V VI
Pump Tank	(gal)	PT		Date		System Description:	Tank				
Pump Make		Model		Serial #		Repair System Description:					
# 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	Ex	Water Supply
☐ Business	No. Persons	Ex	☐ Private
☐ Other	No. Employees		☒ Public
☐ Slab	☒ Crawl Space		☐ Community
☐ Basement w/plumbing			☐ Basement w/o plumbing

Comments / Conditions: Maintain 5' off any building foundation
replace tank in existing foot print
maintain no greater than 6" off cover
or use risers.

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: Lucy Jacobs Date: 9-18-17 Installed by: Jared Lentz Wastewater

IMPROVEMENT PERMIT by: [signature] Date: 09/15/17 OPERATION PERMIT by: Benjamin A. Baker Date: 10/17/2017

AUTHORIZATION TO CONSTRUCT by: [signature] Date: 09/15/17 Existing System Inspected by: Date:

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: ___Improvement Permit ___Authorization To Construct ___ BOTH X 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 #
Don Stone	2060 Bristol Rd Statesville NC 28677		
Owner Name	**Mailing Address**	**Home Phone #**	**Alternate Phone #**
Don Stone	Same	980-223-8304	9808297957

4. Property Information:

2060 Bristol Rd Statesville NC 28677 — 220
Street Address — Subdivision Name Rayon Park — Section/Phase and Lot Number

Driving Directions: Garner Bagnall - w left on Newton Dr | Hwy 70 left on Grier Lane ~~left~~ 2 house on corner of Grierlane and Bristol Rd

5. RESIDENTIAL Site Development Information: *(Check or Complete ALL that apply)*

( ) New, Single Family Residence — Maximum Number of Bedrooms ___ — ( ) Crawl Space Foundation?
( ) New, Multi-Family Residence — Maximum Number of Occupants ___ — ( ) Concrete Slab Foundation?
( ) Expansion of Existing Septic System — If Expansion, Current Number of Bedrooms ___ — ( ) Basement w/Plumbing?
(X) Repair To Failing Septic System due to Concrete crumbling — ( ) Basement w/out Plumbing?
( ) Other

IF Non- Residential Site Development: Type of Business
Square Footage of Building
Maximum Number of Employees

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)* (X) EXISTING SYSTEM installed 1957 (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: Donald Stone — Sep 11, 2017
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) — DATE

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…**

_____ **Area you prefer your septic system to be placed…**

_____ **Preferred driveway location and configuration, preferred well location…**

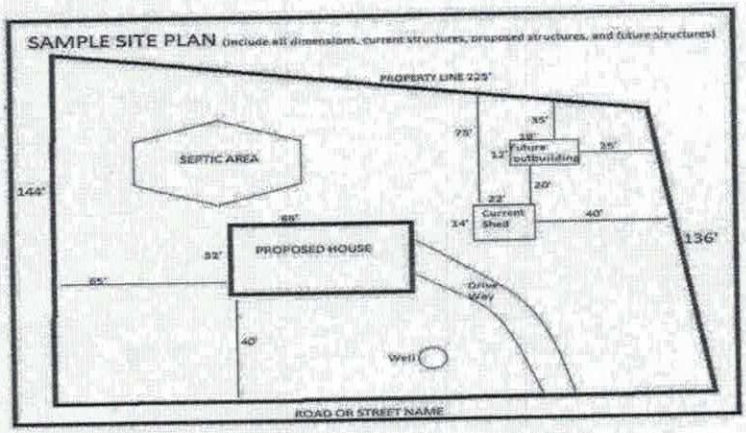
_____ **North arrow, or other sufficient indicator of direction…**

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

Signature: Donald Stone Sep 11, 2017

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

IREDELL COUNTY HEALTH DEPARTMENT

(SEPTIC TANK) IMPROVEMENTS PERMIT AND CERTIFICATE OF COMPLETION
(Ground Absorption Sewage Disposal System – G. S. Chapter 130-Article 13C)

OWNER OR CONTRACTOR Paul Gibson DATE 4/6/79 PERMIT NO. _____

PHONE: Business _____ Home _____

LOCATION 2060 Bristol Rd

S. R. No. _____

SUBDIVISION NAME _____ LOT NO. _____ SECTION OR BLOCK NO. _____

House ✓ Mobile Home ( ) Business ( ) Other _____

No. Bedrooms _____ No. Bathrooms _____

Garbage Disposal Unit	Yes ( )	No ( )	
Auto. Dishwasher	Yes ( )	No ( )	
Auto. Wash. Machine	Yes ( )	No ( )	
Site Suitable	Yes ( )	No ( )	

Character & Porosity of Soil _____

Percolation Rate _____

Topography _____

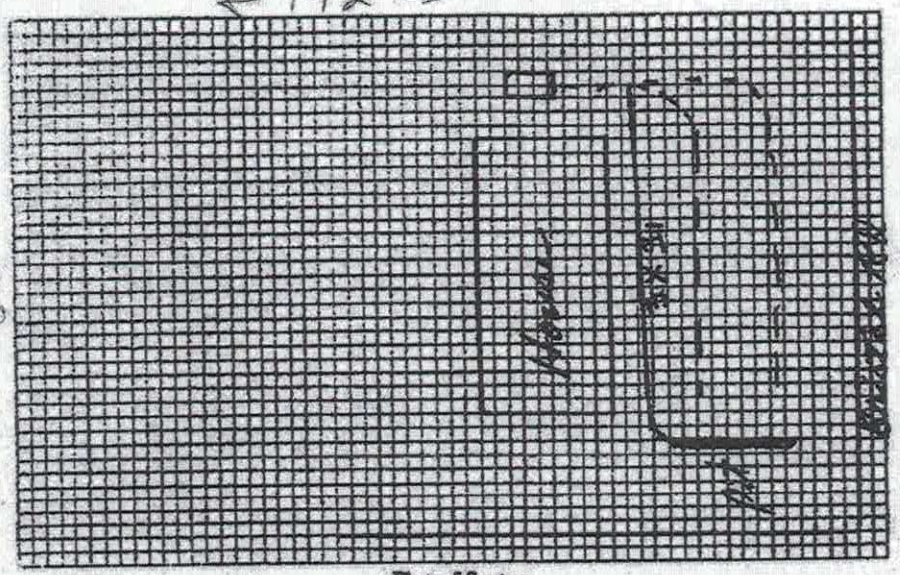
Depth to Water Table _____

Rock or other impervious formations _____

Lot Area _____

Repair

← 142 →



Plot of System

Size of Tank _____ Gals.

Nitrification Field:
No. of Lines 1
Sq. Ft. 150 Linear Ft. 50
Depth of Stone in Lines 20"
Water Supply: Individual ( )
Public ( )

Installed by Henry Sigmon

32 Ton Stone used

IMPROVEMENTS PERMIT BY _____

COMMENTS: _____

CERTIFICATE OF COMPLETION BY C. A. Dickinson DATE 4/6/79

CONSTRUCTION MUST COMPLY WITH ALL OTHER APPLICABLE STATE AND LOCAL REGULATIONS.

Health Dept. Copy: White Inspection Dept. Copy: Yellow Sanitarian's Copy: Pink Owner's Copy: Gold