213950 #250

IREDELL COUNTY HEALTH DEPARTMENT *ENVIRONMENTAL HEALTH DIVISION*

(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 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 #
Ron Conklin	133 Beech Brook lane	704-682-5206	989-860-4556
Owner Name	**Mailing Address**	**Home Phone #**	**Alternate Phone #**
Ron Conklin	133 Beech Brook lane	704-682-5206	989-860-4556

4. **Property Information:**

Street Address	Subdivision Name	Section/Phase and Lot Number
133 Beech Brook Ln		

Driving Directions: North on Miller Farm to Beechbrook

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 3
If Expansion, Current Number of Bedrooms ___

(X) 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 12X28 = 336 D'
Maximum Number of Employees
Maximum Number of Seats

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 2005?
Year

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

8. **Please Answer The Following** ( ) Yes (X) No Does the site contain any jurisdictional wetlands?
To The Best of Your Ability: ( ) Yes (X) No Is any non-domestic sewage (i.e. industry) 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.

9. Signature: Ron Conklin
Property owner or owner's legal representative signature (SIGNATURE REQUIRED)

10-2-15
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:

X 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

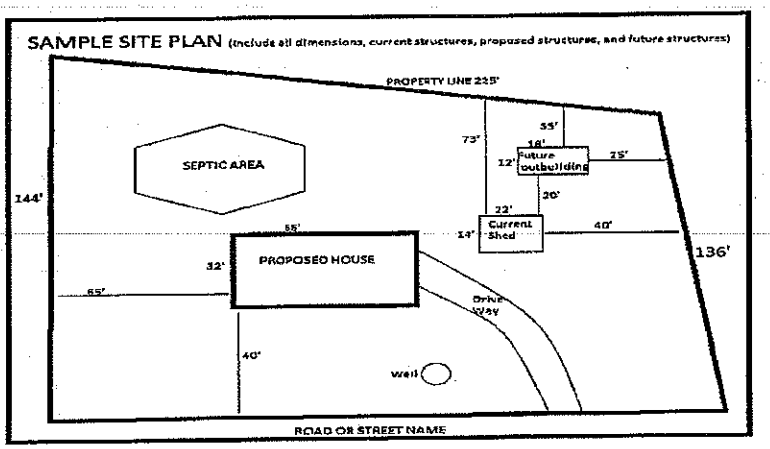
____ Front and side setbacks from property line... **____ Preferred driveway location and configuration, preferred well location...**

____ Area you prefer your septic system to be placed... **____ North arrow, or other sufficient indicator of direction...**

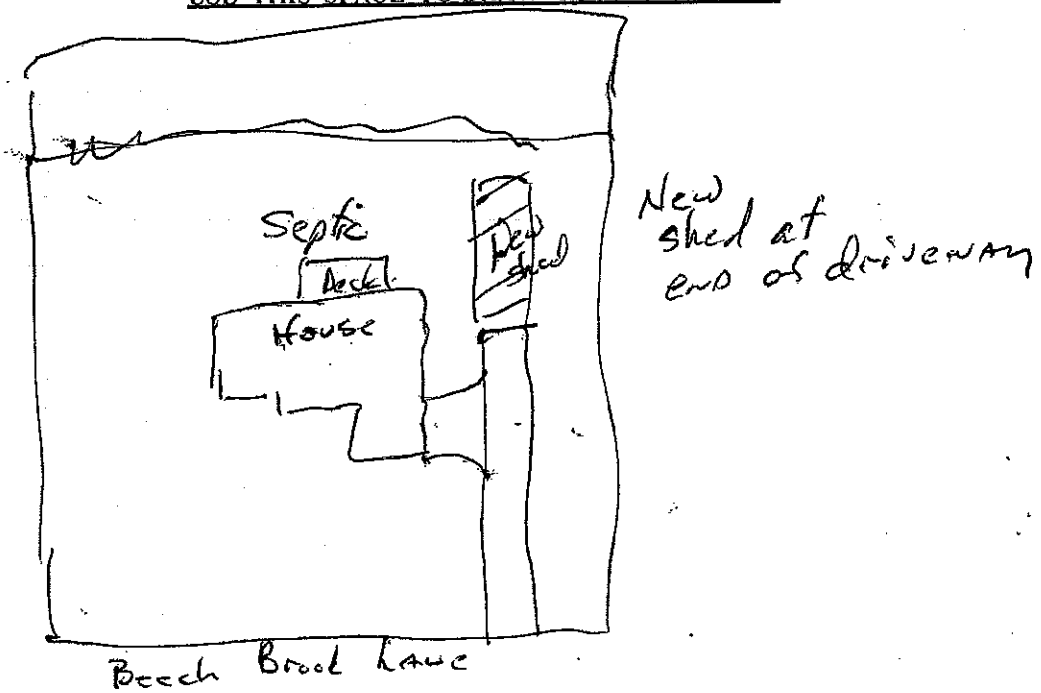
Circle N/A on the following if appropriate:

X 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.**

10/2/15

DATE

IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 112710 PIN# 4725-58-6704 DATE 5/23/03

OWNER OR CONTRACTOR Standard Building Company, Inc PHONE: Business (704) 902-4618 Home —

ADDRESS 167 Barringer Drive Statesville, N.C. 28625

LOCATION Hwy 115 N (L) Scotts Creek Rd (R) Miller Farm Rd (R) Beech Brook 4th lot on left.

SUBDIVISION Piney Oaks BLOCK / SECTION — LOT 45 LOT AREA .916 Ac SITE CLASS. T5 DESIGN FLOW 360 L.T.A.R. .35

Septic Tank: 4,000 Gallons; STB 1017 Date 4-16-03
Pump Tank: 1000 Gallons; PT 17 Date 7-22-03
Pump Make: SQUAS Model: WE0311M Serial No. J0363189
Nitrification Field: No Fields 1 Square Feet 1029 Linear Feet 360
No Lines Ye 90ft Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth 12"

☒ New System ☐ Repair System Type: I, II, (III) IV, V, VI
System Description: Pump, Conventional
Repair System Description: Pump 25% Reduction
Maintenance Agreement Required: ☐ Yes ☐ No

☒ House/Mod. Home No. Bedrooms 3
☐ Mobile Home No. Bathrooms 2
☐ Business No. Employees —
☐ Other

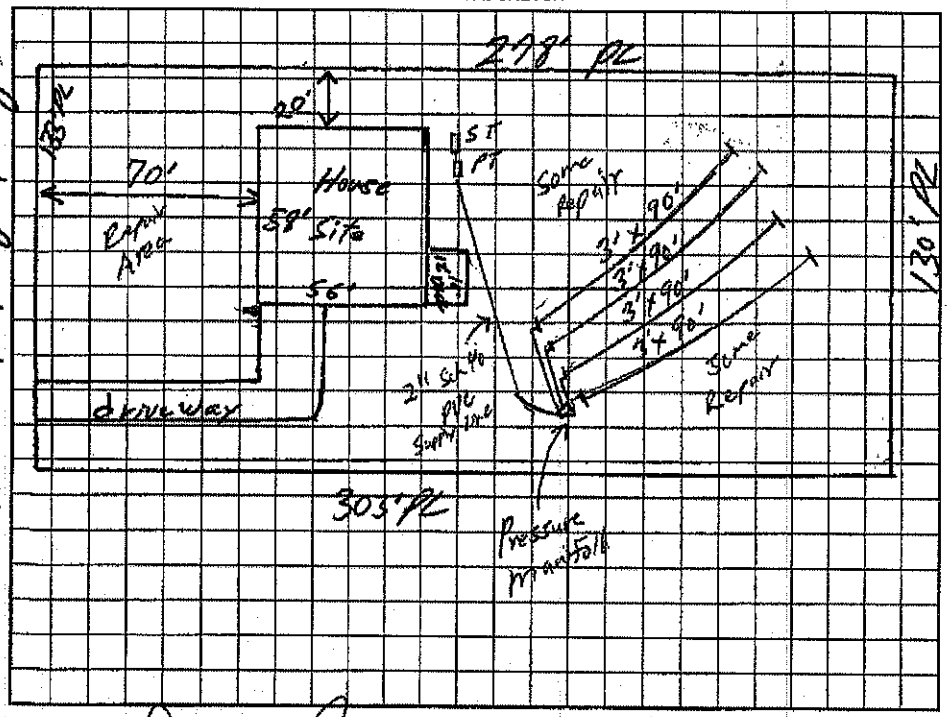
☐ Slab ☒ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☐ Individual ☒ Public ☐ Community

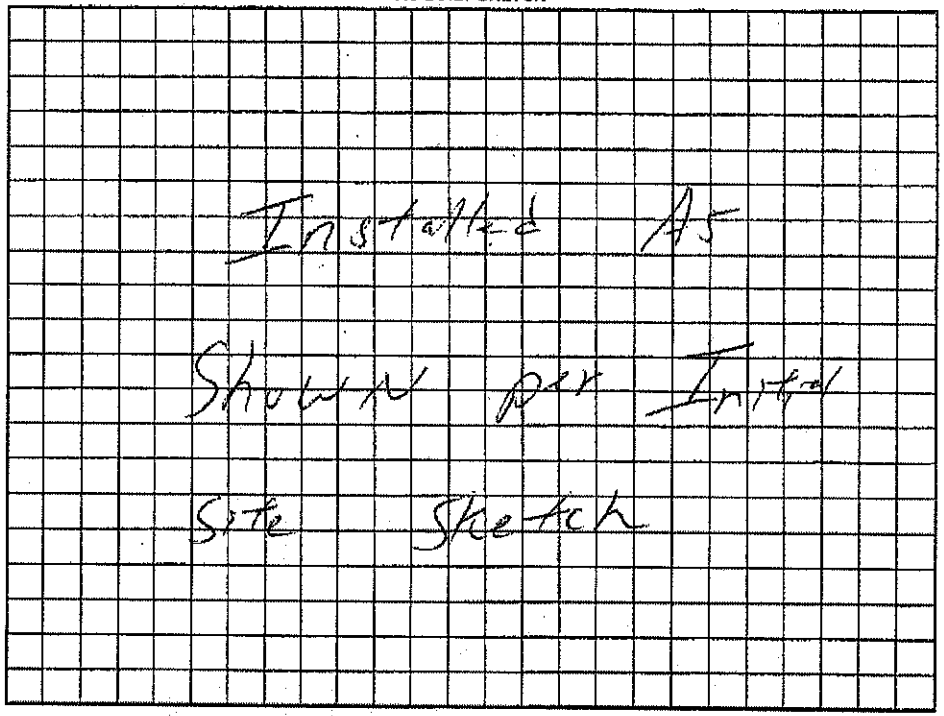
Comments:/Conditions:

Comments:/Conditions: ① SEPTIC TANK WITH MARKER INSTALLED USING "TUFTITE" FILTER ② TANKS & LINES INSPECTED 10-30-03 RSH. Pressure check, Electrical + Alarm okay 12/16/03 wd

INITIAL SITE SKETCH



AS BUILT SKETCH



Beech Brook Lane R/W

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: [signature] date 5/27/2003 Installed by: STEVE JORDAN, PIEDMONT BACKHOE

Improvement Permit by: William O. Johnson date 5/23/03 Operation Permit by: William O. Johnson date 12/16/03

Authorization to Construct by: William O. Johnson date — Existing System Inspection by: — date —

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