12:00

IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 227881

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

PIN # 4725958605

APPLICANT: Dean Duncan / Faye Duncan. APPLICANT ADDRESS: 149 Ivanhoe Lane Statesville NC 28625

SITE ADDRESS: 149 Ivanhoe Lane Statesville NC 28625 PHONE: 7048736213 ALT. PHONE: 7045913001

SITE DIRECTIONS: Hwy 115 to Monticello DR, Left to Ivanhoe Lane, First house on Right

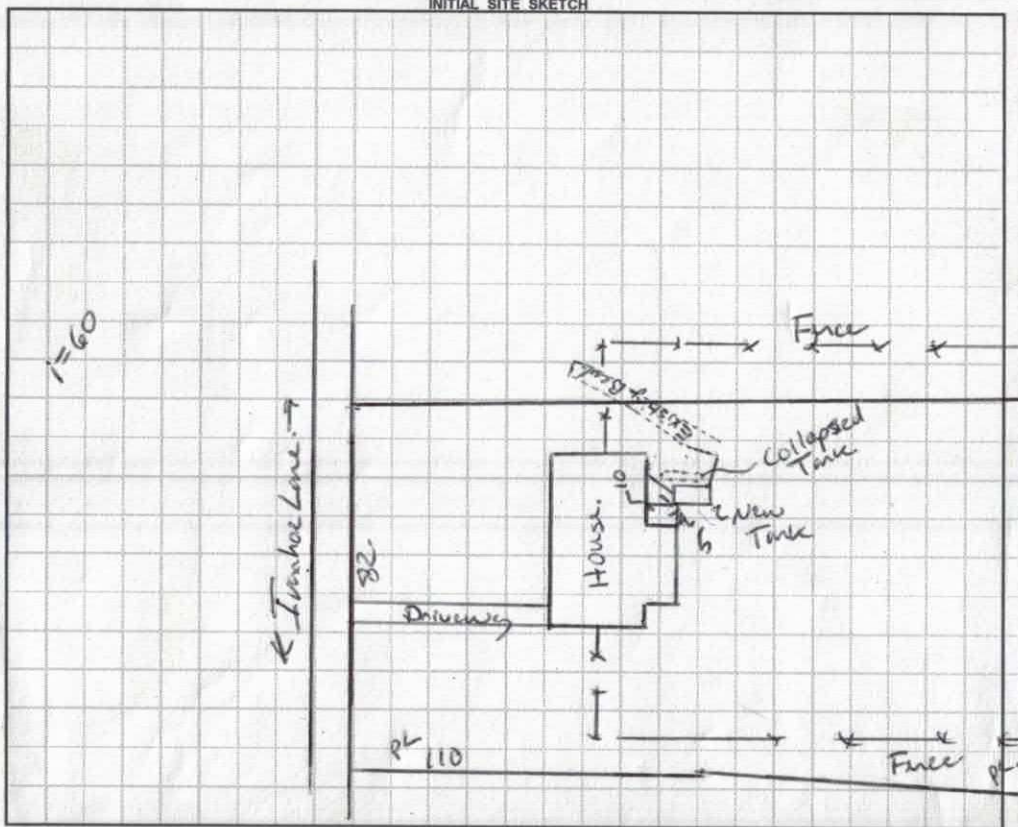
SUBDIVISION: C Dave Pope SECTION: C LOT # 10 LOT AREA: — DESIGN FLOW: Ext L.T.A.R.: Ext

Septic Tank	1000	(gal)	STB 2071-1060	Date	—	☐ New System	☑ Repair	☐ Expansion	System Type: I II III IV V VI	☑ Residence	No. Bedrooms Ext
Pump Tank		(gal)	PT	Date		System Description:	Tank Replacement			☐ Business	No. Persons
Pump Make		Model		Serial #		Repair System Description:	"			☐ Other	No. Employees
# Nitrification Fields		# Lines		Linear Ft:		Maintenance Agreement Required:	☐ YES	☐ NO		☐ Slab	☑ Crawl Space
Trench Width	Ext	Max. Trench Bottom Depth	Ext	Gravel Depth	Ext		☐ GRAVITY	☐ PRESSURE		☐ Basement w/plumbing	☐ Basement w/o plumbing

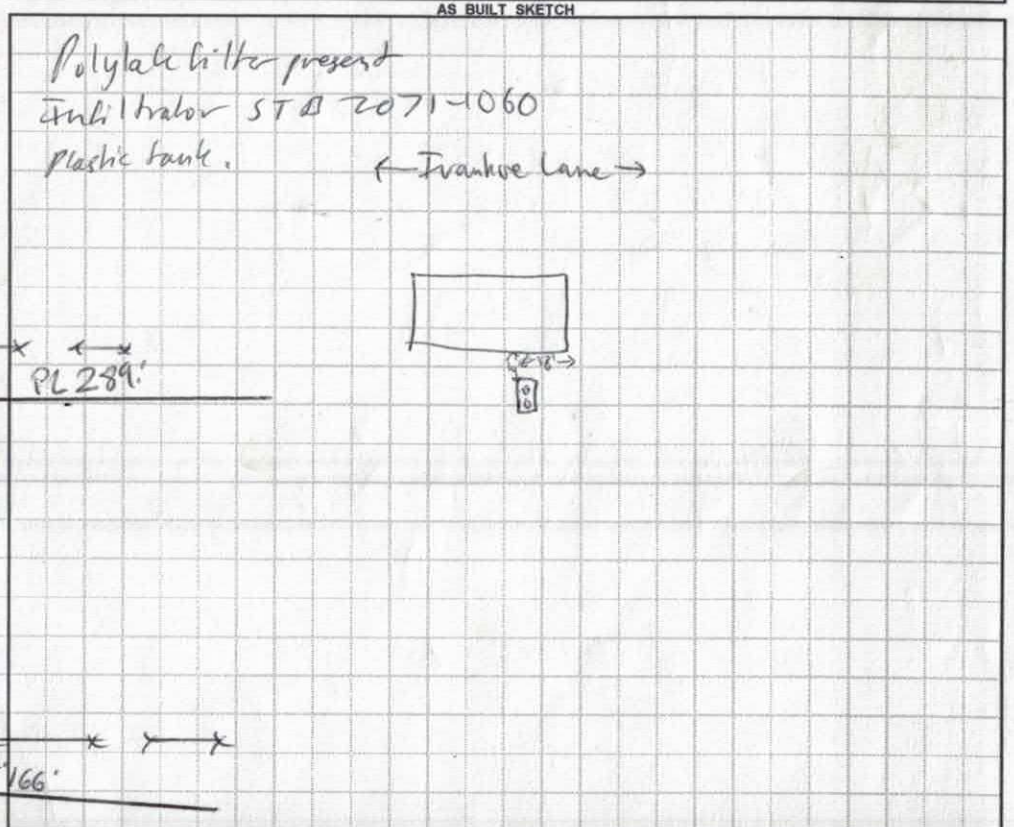
Water Supply: ☐ Private ☑ Public ☐ Community

Comments / Conditions: Crush + Fill or Haul away Existing Septic tank. Replace with new 1000 gallon Septic tank. * Replace D-Box if necessary.

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: _____ Date: _____ Installed by: Jarrid Lentz

IMPROVEMENT PERMIT by: Benjamin A Batten Date: 6/16/2017 OPERATION PERMIT by: Mohamed Rumaich Date: 6/28/2017

AUTHORIZATION TO CONSTRUCT by: Benjamin A Batten Date: 6/16/2017 Existing System Inspected by: _____ Date: _____

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

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)

FILE COPY

1. APPLICATION FOR: ___Improvement Permit ___Authorization To Construct ___Existing System Inspection

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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:

DEAN DUNCAN	149 IVANHOE LN.	704-873-6213	704591-3001
Applicant Name	Mailing Address	Home Phone #	Alternate Phone #
FAYE DUNCAN	149 IVANHOE LN	7048736213	704591-3001
Owner Name	Mailing Address	Home Phone #	Alternate Phone #

4. Property Information:

149 IVANHOE LN	NONE	NONE
Street Address	Subdivision Name	Section/Phase and Lot Number

Driving Directions: Old Hwy 115 to Monticello Dr, Left to Ivanhoe Ln, First House on Right.

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

( ) New, Single Family Residence — Maximum Number of Bedrooms 3 — (X) Crawl Space Foundation?

( ) New, Multi-Family Residence — Maximum Number of Occupants 3 — ( ) 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 BROKEN TOP — ( ) Basement w/out Plumbing?

( ) Other

If Non-Residential Site Development: Type of Business

N/A — Square Footage of Building

Maximum Number of Employees

Maximum Number of Seats

Granted 6/12/17

6. Proposed Water Supply:

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

7. Desired Septic System Type: *(You may rank in order of preference, if any)* ( ) EXISTING SYSTEM installed 1955 *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 (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.

9. Signature: E. Dean Duncan — 6-12-17

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:

_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

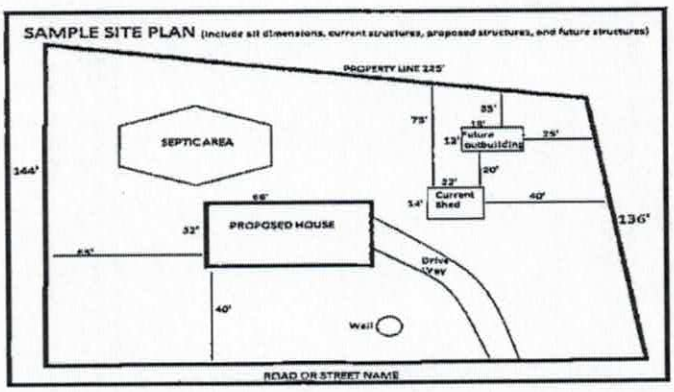
_____ Front and side setbacks from property line... **_____ Preferred driveway location and configuration, preferred well location...**

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

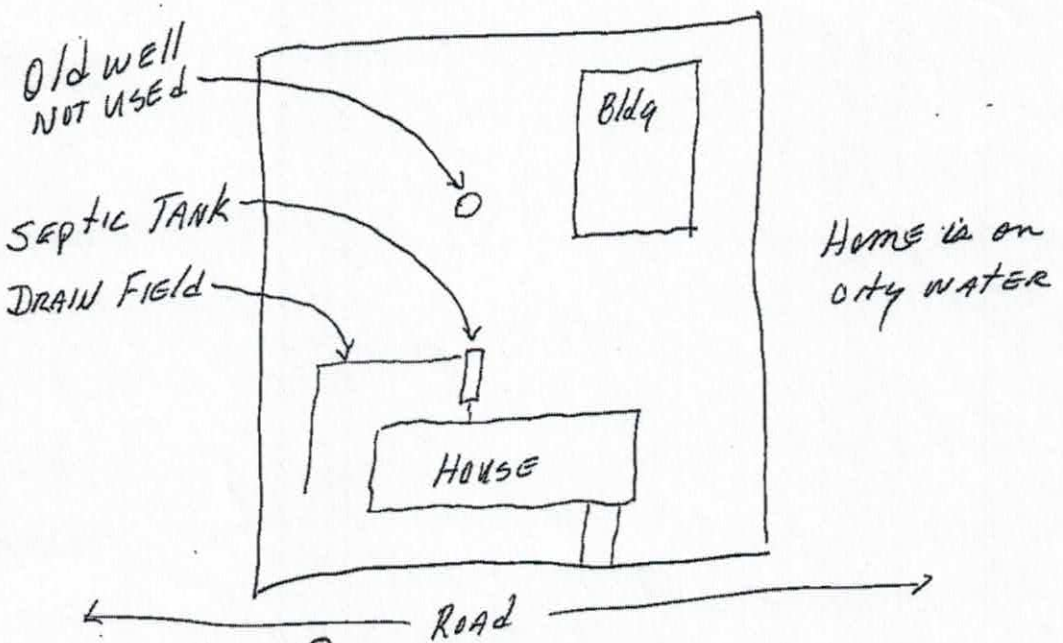
Circle N/A on the following if appropriate:

_____ 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: E Allen Duncan
REQUIRED **property owner or owner's legal representative signature.**

6-12-17
DATE