1:00

IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 (DB) Mooresville Office (704) 660-3625 PERMIT # 234754

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

PIN # 4726924126 ✓

APPLICANT/OWNER: Teddy Campbell APPLICANT ADDRESS: 106 Friendly Circle, Statesville

SITE ADDRESS: ✓106 Friendly Circle, Statesville PHONE: 704-450-6042 ALT. PHONE —

SITE DIRECTIONS: 115N → L on Scotts Creek Rd → L on Ethel Ln → R on Rl Dr → R on Friendly Cir → on right SAP CONTROLLED: ☐ YES ☒ NO

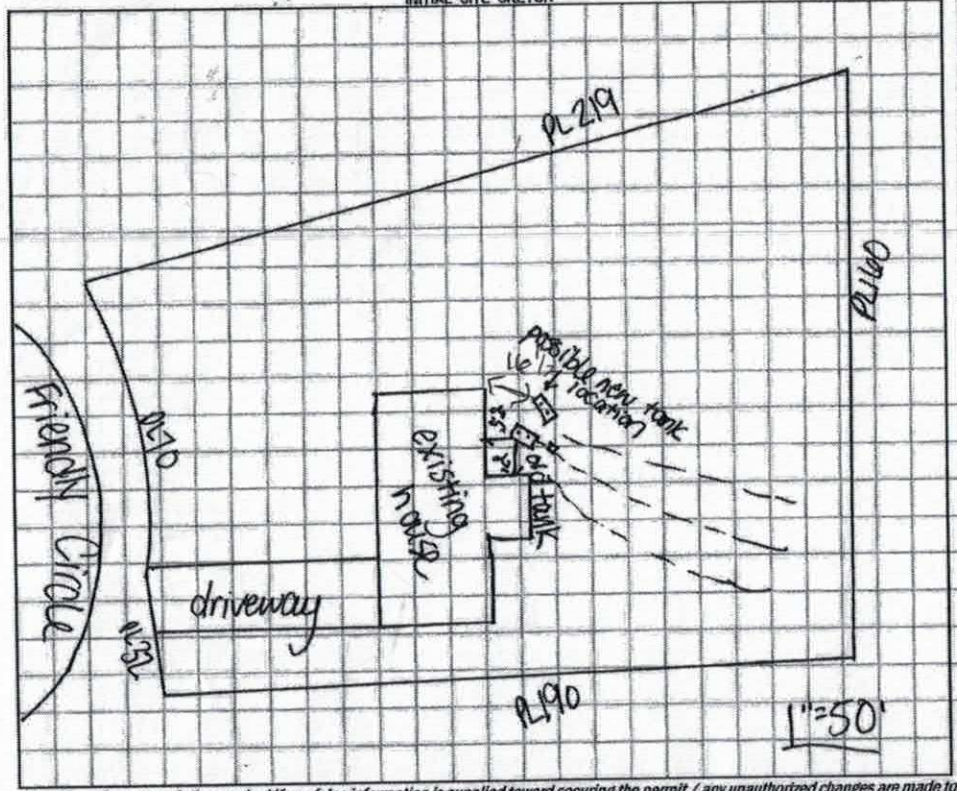
SUBDIVISION: Wood Rose Park SECTION: — LOT # 75 LOT AREA: .567 ac DESIGN FLOW: ext L.T.A.R.: ext.

Septic Tank	1000	(gal)	STB	Infi Trench	Date	Apr 2017	☐ New System	☒ Repair	☐ Expansion	System Type: I	II	III	IV	V	VI	☒ Residence	No. Bedrooms 3	Water Supply: ☐ Private
Pump Tank	—	(gal)	PT	1260	Date	—	System Description:									☐ Business	No. Persons 10	☒ Public
Pump Make	—		Model		Serial #	—	Repair System Description:	tank replacement								☐ Other	No. Employees	☐ Community
# Nitrification Fields	1	# Lines	3		Linear Ft.	300	Maintenance Agreement Required:	☐ YES	☒ NO							☐ Slab	☒ Crawl Space	
Trench Width	ext.	Trench Bottom Depth(Low side)	ext.		Gravel Depth	ext.		☒ GRAVITY	☐ PRESSURE							☐ Basement w/plumbing	☐ Basement w/o plumbing	

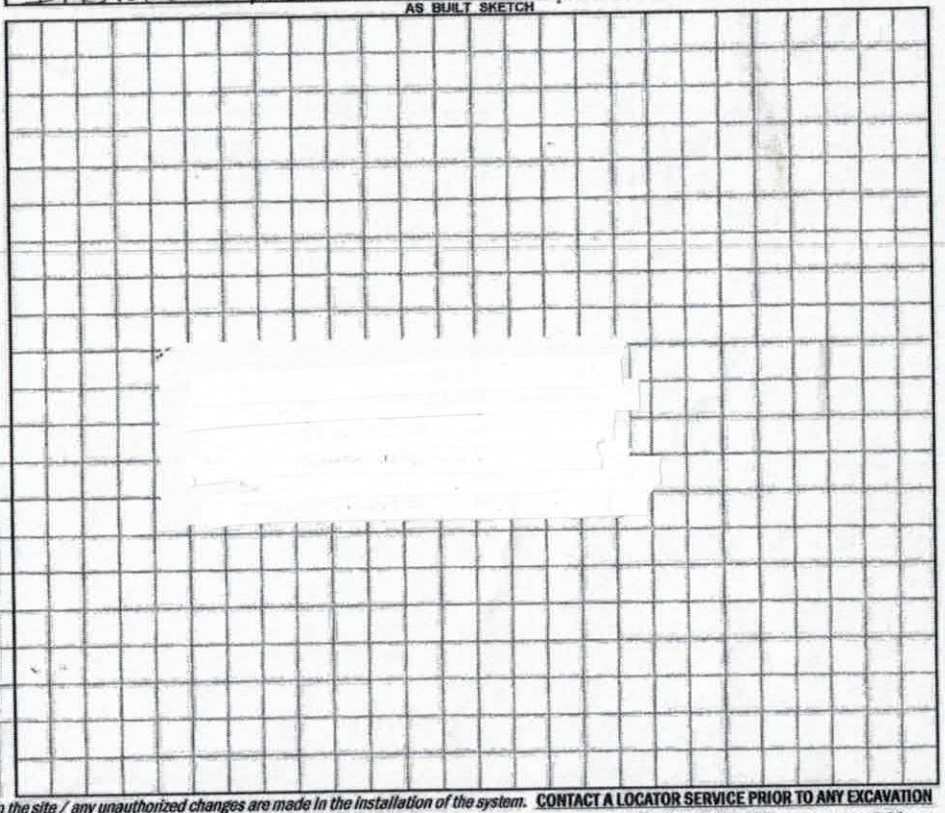
Comments / Conditions: Pump, crush, + fill existing cracked tank. Replace D-box if needed.

16'2 ft from House Corner to end of ST
Installed new Dist. box

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: Teddy Campbell Date: 4/18/18

IMPROVEMENT PERMIT by: Carla C. Cave Date: 4/18/18

AUTHORIZATION TO CONSTRUCT by: Carla C. Cave Date: 4/18/18

Installed by: David Mountz Grading

OPERATION PERMIT by: Marvin Dotson Date: 4/30/18

Existing System Inspected by: Date:

FOR SEPTIC FINAL INSPECTION: CALL 704-664-3703 between 8am-9am the day the inspection is needed. Be sure to speak with an inpsector to confirm your inspection time.

234T54

IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

APPLICATION FORM

Application For: ( ) New Well Permit ( ) Well Repair Permit ( ) Well Abandonment
( ) Septic Improvement Permit ( ) Authorization to Construct ( ) Existing System Inspection ( ) Septic System Repair

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.

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 an (X) beside whichever is submitted if applicable ( ) Custom Site Plan, scaled no more than 1 inch = 60 feet

Applicant Information: (PRINT CLEARLY)

Applicant Name: Teddy Campbell Address: 106 Friendly Circle Zip 28625
Applicant Email: tncwp-43@yahoo.com Phone: 704-450-6042 Alt. Phone: _____
Owner Name: Teddy Campbell Address: 106 Friendly Circle Zip: 28625
Owner Email: SAME Phone: _____ Alt. Phone: _____

Property Information:

Street Address: 106 Friendly Circle Statesville NC 28625
Subdivision Name: Woodrose Park Section/Phase: _____ Lot Number: _____
Driving Directions: 115 N to Scott Creek Rd turn left 2nd Rd on left 1st Rd on Rt 1st Rd on RT 2nd house on left

Site Development Information: *(check or complete ALL that apply*

CHECK FOUNDATION TYPE

( ) New Single Family Residence Maximum Number of Bedrooms: 3 (✓) Crawl Space Foundation
( ) New Multi-Family Residence Maximum Number of Occupants: _____ ( ) Concrete Slab Foundation
( ) Accessory Building ( ) Swimming Pool ( ) Basement with Plumbing
( ) Bedroom(s) Addition ( ) Other Addition/Structure: _____ ( ) Basement without Plumbing
(✓) Repair to failing septic system ___ Tank ___ Drain lines Describe Problem: Cracked Concrete
Non-Residential Site Development: Type of Business: _____
Square Footage of Building: _____ Max. Number of Employees: _____ Max. Number of Seats/Beds/Other: _____

Water Supply: ( ) Replacement Well – Reason: _____
( ) Multi-connection Well Number of Houses: _____ Number of Persons: _____

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

Desired Septic System Type: *(you may rank in order of preference)* Year existing system installed: 1985
( ) No Preference ( ) Alternative (✓) Conventional ( ) Innovative ( ) Modified Conventional ( ) Other: _____

Please answer the following to the best of your ability:

( ) Yes (✓) No Does the site contain any jurisdictional wetlands?
( ) Yes (✓) No Is any non-domestic sewage (i.e. industrial) 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.

Signature: Teddy Campbell 4-10-18
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

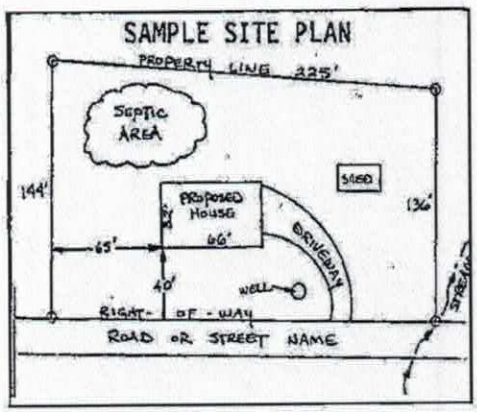
IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

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 OR WELL 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
- (X) Front and side setbacks from property line
- (X) Preferred driveway location
- (X) Preferred well location
- (X) Preferred septic system location
- (X) North arrow, or other sufficient indicator of direction

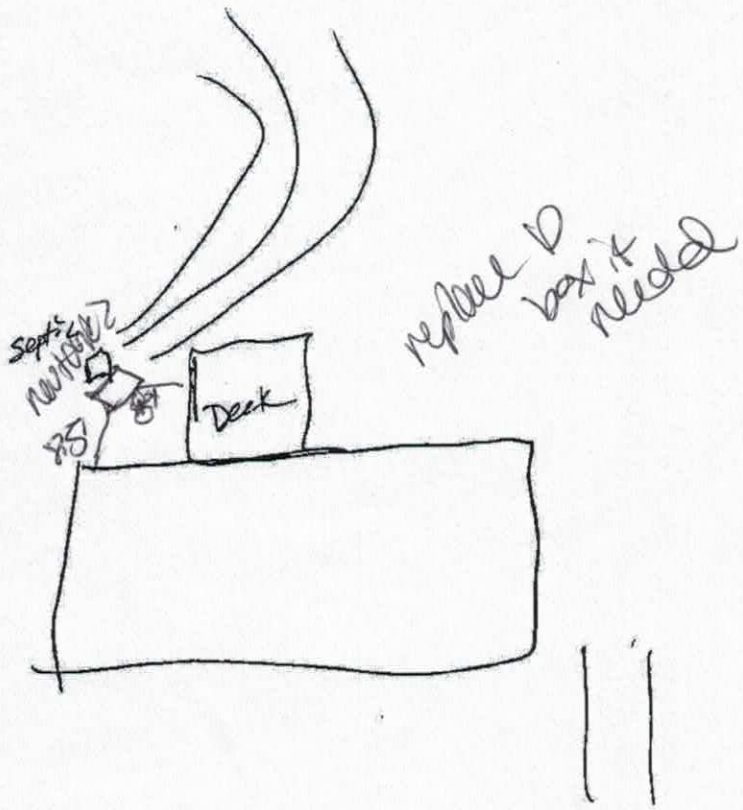


Circle N/A on the following if appropriate:

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

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



Signature: Teddy Copeland

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

4-10-18

DATE

02528

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 Robert Robertson DATE 4-19-85 PERMIT NO. _____

PHONE: Business _____ Home _____

LOCATION 115 N - TL on SR 1551 (South Fork Rd) TL into Ethel Lane - TR on Dead End - Mountain Creek S. R. No. _____

SUBDIVISION NAME _____ LOT NO. 73 SECTION OR BLOCK NO. _____

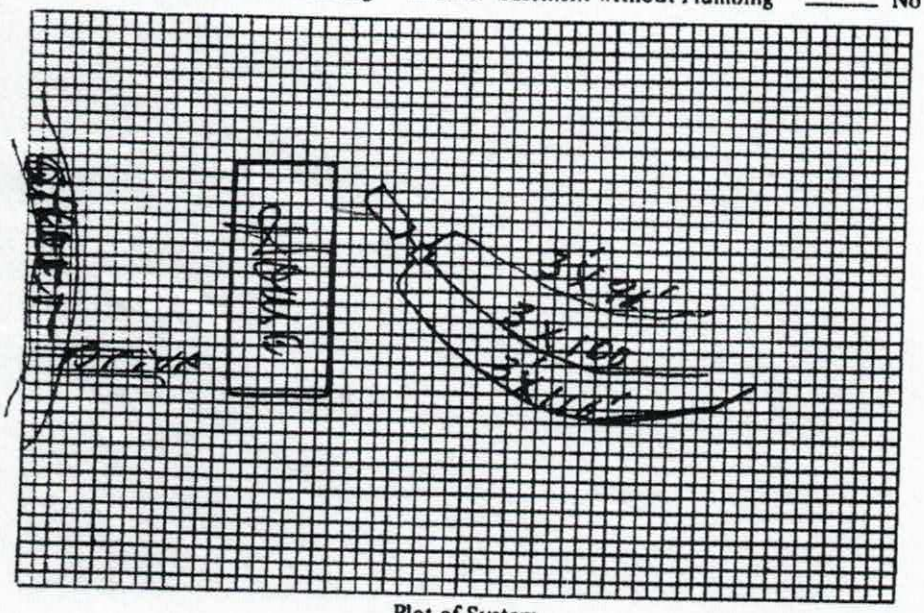
House (✓) Mobile Home ( ) Business ( ) Other _____

No. Bedrooms 3 No. Bathrooms 2

Garbage Disposal Unit	Yes ( )	No (✓)	Character & Porosity of Soil	Clay Suitable
Auto. Dishwasher	Yes (✓)	No ( )	Percolation Rate	45 Min per Inch
Auto. Wash. Machine	Yes (✓)	No ( )	Topography	2 to 6% slope
Site Suitable	Yes (✓)	No ( )	Depth to Water Table	10'
			Rock or other impervious formations	None

Lot Area 24,700

_____ Basement with Plumbing _____ Basement without Plumbing ✓ No Basement



Plot of System

Size of Tank 1000 Gals.

Nitrification Field:
No. of Lines 3
Sq. Ft. 900 Linear Ft. 300
Depth of Stone in Lines 15"

Water Supply: Individual ( )
Public (✓)

Installed by James Stevenson

I understand and agree to install septic tank system as specified on this Improvements Permit.

Signed: _____

IMPROVEMENTS PERMIT BY _____

COMMENTS: This Septic System not installed according to Layout

CERTIFICATE OF COMPLETION BY Glenn Fox Jr. DATE 4/19/85

EXISTING SYSTEM CHECKED BY: _____ DATE _____

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

Permit is VOID if any unauthorized changes are made in installation of system and/or if any false information is supplied in making Improvements Permit.

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