IREDELL COUNTY HEALTH DEPARTMENT

Application For Improvement Permit and/or Authorization To Construct, Existing System Inspection

(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 ___ 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	Work Phone
Lavery Homes LLC	PO Box 5416 - Mooresville	704-257-6634	928-6503
Owner Name	Mailing Address	Home Phone	Work Phone
Francis Lavery	//	//	//

4. **Property Information:**

Street Address	Subdivision Name	Section/Phase and Lot Number
502 State Park Road		Lot 1

Driving Directions: Perth Road to State Park road. Follow State Park road - Lot just past Morrision Farm rd on left

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

(✓) New, Single Family Residence
( ) New, Multi-Family Residence
( ) Expansion of Existing Septic System
( ) Repair To Failing Septic System

Maximum Number of Bedrooms 4
Maximum Number of Occupants ___
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 ___
Maximum Number of Seats ___

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6. **Proposed Water Supply:**

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

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

( ) Alternative ( ) Conventional (✓) Innovative ( ) Modified Conventional ( ) Other___ ( ) No Preference

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8. **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. industry) to be generated?
( ) Yes (✓) No Is the site subject to approval by any other public agency?

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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: Francis Lavery
Property owner or owner's legal representative signature (SIGNATURE REQUIRED)

2-06-07
DATE

IREDELL COUNTY HEATLH DEPARTMENT

PAGE 2: *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:

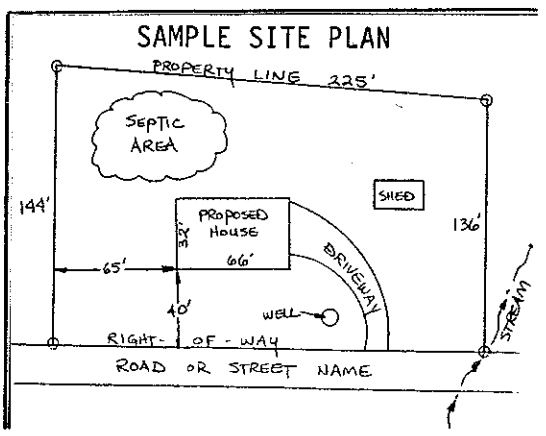
____ **Location of septic systems and wells within 100' of your property…** **N/A**
____ **Location of easements and rights of ways on your property…** **N/A**
____ **Location of any designated wetlands on the property…** **N/A**

Signature: Frances Lavery
Property owner or owner's legal representative signature (SIGNATURE REQUIRED)

2-06-07
DATE

USE THIS SPACE TO DRAW YOUR SITE PLAN

See Attached site plan





MICHAEL ATHANAS & ASSOCIATES, INC.
LICENSED SOIL SCIENTIST
1999 CANDLEWICK DRIVE
FORT MILL, S.C. 29715
803-802-4403 (office)
803-802-4402 (fax)

Reference: Data Sheet for State Park Rd. lot 1, Parcel # 4730031002.001
House Footprint: 65 x 60
Building Setback: 35' front/back, 15' side
Water Source: Private Well
Number of Bedrooms: 480 gpd
Proposed LTAR: 0.225 gpd/ft2 initial; 0.3 gpd/ft2 repair
Suggested system type: Shallow 25% Reduction initial; LP Panel Block Repair
Distribution: end-cap to end-cap (Infiltrators)
Pressure Head: NA
Flow per tap: NA
Hole size & Material: NA
System Flow: NA
Dosing volume: NA
Pump Run Time: NA
Elevation Head: NA
Friction Head: NA
TDH: NA
Septic tank size: 1000 gallons
Total Linear footage: 535'
Proposed Trench Bottom: 15" first line, 18" lines 2-5

Line	Length
Orange 1	**115'**
Blue 2	**115'**
Pink 3	**110'**
Red 4	**100'**
Orange 5	**95'**
Red 6	*20'*
Blue 7	*35'*
Pink 8	*58'*
Orange 9	*61'*
Red 10	*54'*
Blue 11	*52'*

Initial System: 535' ***Repair System:*** *280'*

Comments: The distribution method was suggested by Iredell County. Because of the distribution, the system must be Infiltrator. The first line must have a 15" trench bottom with at least 3" of suitable cover (type 1, 2, or 3 soil). The rest of the initial system is to be installed at 18" trench bottom. The existing system should be dug up at the property line, filled with clean soil, and packed.