IREDELL COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

PAGE 1: *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:
Place an (X) beside whichever is submitted if applicable

( ) Survey Plat, scaled no more than 1 inch = 60 feet
(✓) Custom Site Plan, scaled no more than 1 inch = 60 feet

Applicant Information:

Applicant Name: ERIC WARD/FREEDOM HOMES Address: 1124 Charlotte Hwy Troutman NC Phone: 704-883-6148

Owner Name: VANDERBILT MORTGAGE Address: 1124 Charlotte Hwy Troutman NC Phone: 704-528-7960

Property Information:

Street Address: 214 ZION WESLEY Rd

Subdivision Name: _____ Section/Phase: _____ Lot Number: _____

Driving Directions: HWY 21 TOWARDS TROUTMAN TR ONTO TALLEY ST THEN RT ONTO RUGGIN LOOP Then right ON ZION WESLEY LOT AT END ON RIGHT

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

(✓) New Single Family Residence
( ) New Multi-Family Residence
( ) Accessory Building
( ) Bedroom(s) Addition

Maximum Number of Bedrooms: 3
Maximum Number of Occupants: 5
( ) Swimming Pool
( ) Other Addition/Structure: _____

(✓) Crawl Space Foundation
( ) Concrete Slab Foundation
( ) Basement with Plumbing
( ) Basement without Plumbing

Non-Residential Site Development:
Type of Business: _____
Square Footage of Building: _____
Maximum Number of Employee: _____
Maximum Number of Seats/Beds/Other: _____

Water Supply:

( ) 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: _____

( ) No Preference ( ) Alternative ( ) Conventional ( ) Innovative ( ) Modified Conventional ( ) Other: _____

Please answer the following to the best of your ability:

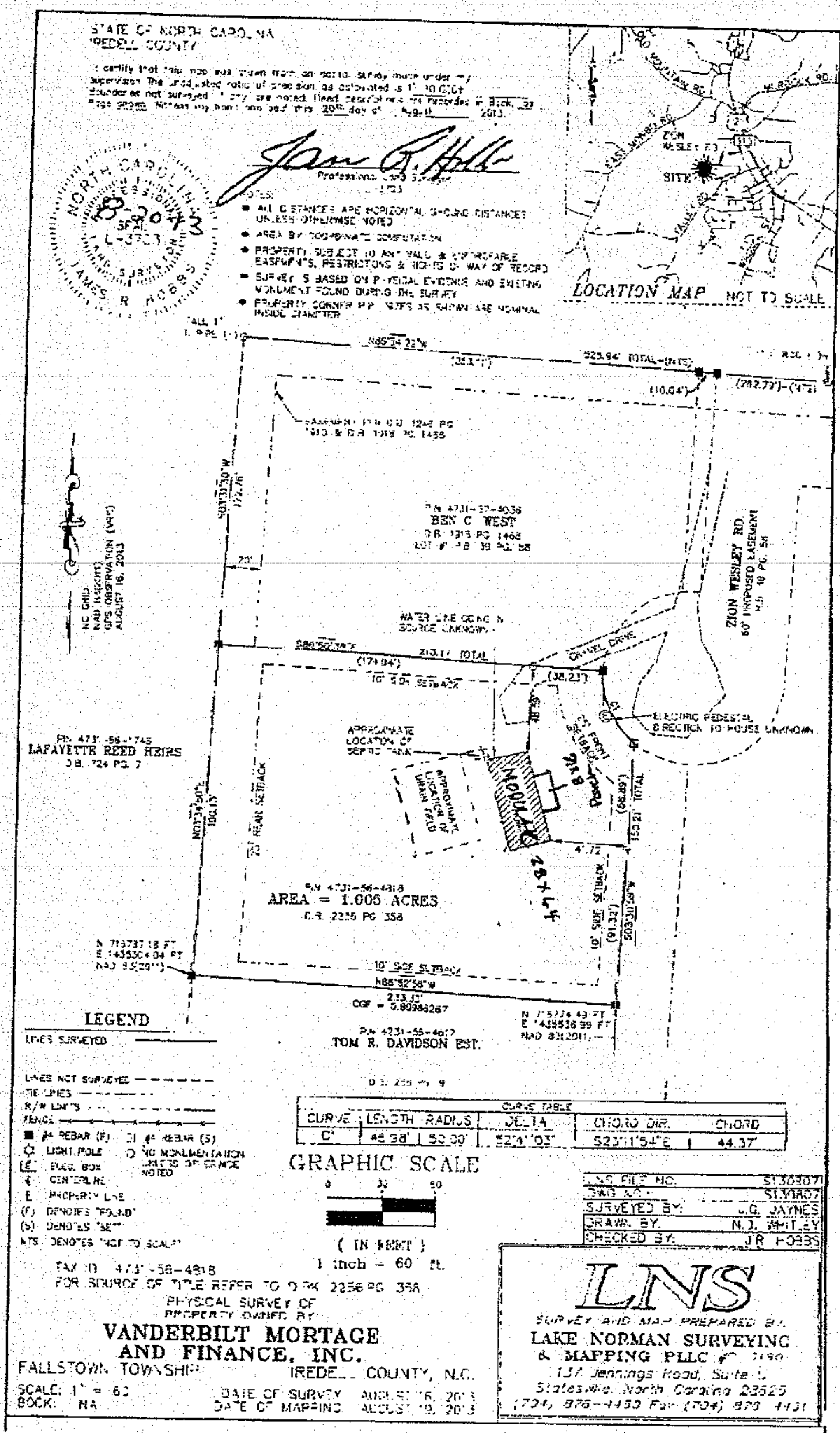
( ) Yes (✓) No Does the site contain any jurisdictional wetlands?
( ) Yes (✓) No Is any non-domestic sewage (i.e. industrial) to be generated?
( ) Yes (✓) No Is the site subject to approval by any other public agency?

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: _____

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

_____
DATE



* old home has been removed

← will be putting home in same spot

AUTHORIZATION TO ACT AS AGENT FOR OWNER

Any application/document/permit requiring a signature must be signed by the property owner or their authorized agent. This form shall be provided by the owner to allow specified individuals to act as agents for the owner. This form allows the specified individuals to sign or receive any application/document/permit on behalf of the owner. This form allows the authorized agent to make decisions on behalf of the owner pertaining to modifications of permits in the field. It is the responsibility of the owner to assure that any/all permit conditions specified on permits issued by this Division are followed.

I, VANDERBILT MORTGAGE, am the legal owner of the property located at 214 ZION WESLEY RD., identified as PIN(Parcel Identification Number) 4731 56 4818, located in Iredell County, North Carolina.

I do hereby authorize (print authorized agent/company name) Eric Ward, _____, _____, _____, to act as an agent on my behalf in applying for/signing/obtaining any of the documents described below.

1. Improvement Permit (IP)/ Authorization to Construct (AC).
2. Application for soil-site evaluation (new/repair).
3. Application/permit for water well/well abandonment.
4. Application for existing system.
5. Application for Improvement Permit (IP)/ Authorization to Construct (AC).

I agree to abide by any and all decisions and/or conditions between the agent acting on my behalf and the Iredell County Department of Public Health, Environmental Health Division. This form must be fully executed before the individual's specified above will be recognized as the authorized agent.

_____ 8-19-15
Signature of Owner Date

_____ 8-19-15
Signature of Witness Date

101207

IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 01-S-050 PIN# 6794 DATE 6-1-01

OWNER OR CONTRACTOR DEBORAH SIBBS PHONE: Business Home (704) 883-0636

ADDRESS 135 ALLISON STREET, STATESVILLE, NC 28677

LOCATION US 21 S, TR TALLEY ST, TR ZION, WESLEY TO END OF EXTENSION

SUBDIVISION BLOCK / SECTION LOT LOT AREA 1.00 ACRE SITE CLASS. PS DESIGN FLOW 360 L.T.A.R. 0.25 GPD/FT²

Septic Tank: 1000 Gallons: STB 312 Date 4-1-01
Pump Tank: Gallons: PT Date
Pump Make: Model Serial No
Nitrification Field: No Fields 1 Square Feet 1440 Linear Feet 480
No Lines SIX Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth 12"

☑ New System ☐ Repair System Type: I II III IV V VI
System Description: CONVENTIONAL GRAVITY
Repair System Description: CONVENTIONAL GRAVITY
Maintenance Agreement Required: ☐ Yes ☑ No

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

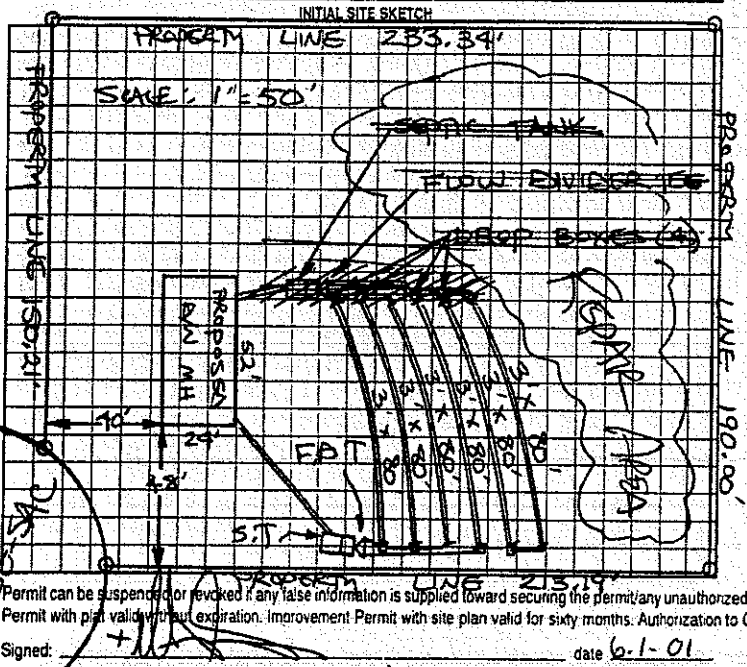
☐ Slab ☑ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☐ Individual ☑ Public ☐ Community

Comments/Conditions: USE ONE FLOW DIVIDER TEE TO ACHIEVE EQUAL DISTRIBUTION INTO TWO SERIES OF DROP BOXES FEEDING THREE LINES.

Comments/Conditions: ① SEPTIC TANK WITH MARKER INSTALLED USING "ZABEL" FILTER ② SEPTIC TANK RELOCATED AS SHOWN WITH PRIOR HEALTH DEPT. APPROVAL

INITIAL SITE SKETCH



AS BUILT SKETCH

SYSTEM INSTALLED ACCORDING TO INITIAL SITE 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. Improvement Permit with plan 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: date 6-1-01 Installed by: ANDY DANIELS

Improvement Permit by: STEVE HEDRICK date 6-1-01 Operation Permit by: STEVE HEDRICK date 6-12-01

Authorization to Construct by: STEVE HEDRICK date 6-1-01 Existing System Inspection by: date

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