IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 217332

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

PIN # 4736501497

APPLICANT: Doris Lytton APPLICANT ADDRESS: 2152 S. Chipley Ford Rd Statesville NC

SITE ADDRESS: 2152 S. Chipley Ford Rd Statesville NC 28625 PHONE: 704-871-2435 ALT. PHONE: 704-682-8323

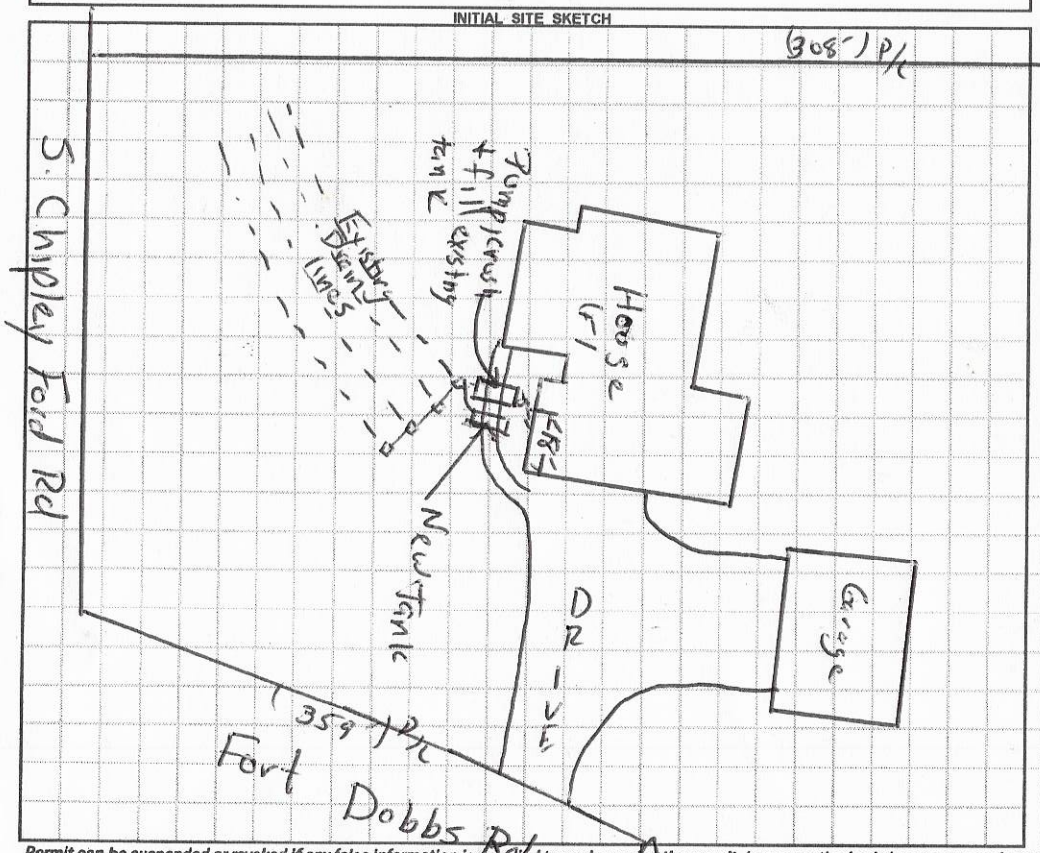
SITE DIRECTIONS: 115 N T/R S. Chipley Ford Rd T/R Fort Dobbs Rd 1st lot on left

SUBDIVISION: Fort Dobbs Farms SECTION: N/A LOT # 8 LOT AREA: 1.55 ac DESIGN FLOW: 360 L.T.A.R.: Ex

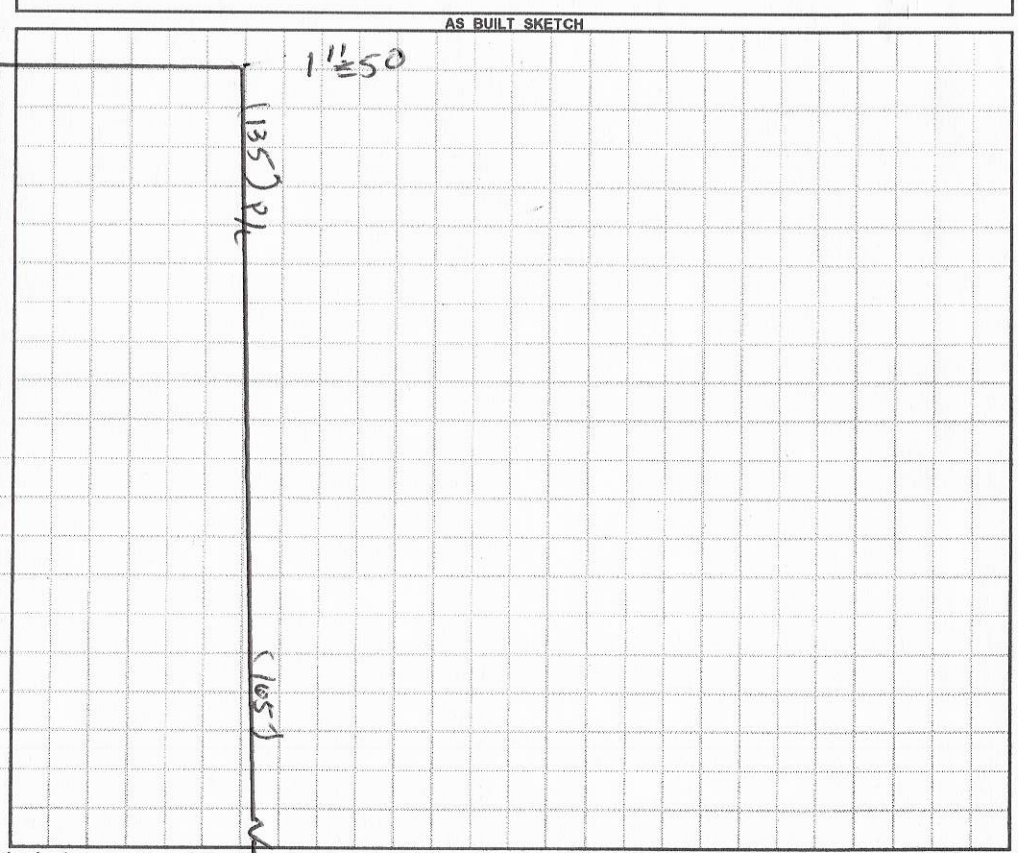
Septic Tank	1000	(gal)	STB	1017	Date	12/29/15	☐ New System	☒ Repair	☐ Expansion	System Type: I / II / III / IV / V / VI	☒ Residence	No. Bedrooms	3	Water Supply	
Pump Tank	N/A	(gal)	PT	N/A	Date	N/A	System Description:			Tank	☐ Business	No. Persons	6	☐ Private	
Pump Make	N/A	Model		Tuffy Tube	Serial #	EF-4	Repair System Description:				☐ Other	No. Employees		☐ Public	
# Nitrification Fields	Ex	# Lines		Ex	Linear Ft:	Ex	Maintenance Agreement Required:	☐ YES	☒ NO		☐ Slab	☒ Crawl Space		☐ Community	
Trench Width	Ex	Max. Trench Bottom Depth		Ex	Gravel Depth	Ex		☒ GRAVITY	☐ PRESSURE		☐ Basement w/plumbing		☐ Basement w/o plumbing		

Comments / Conditions: Pump, crush + fill existing tank. maintain 5' off garage foundation.

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: Doris Lytton Date:

IMPROVEMENT PERMIT by: Date: 03/21/16

AUTHORIZATION TO CONSTRUCT by: Date: 03/21/16

Installed by: Richard Abernathy

OPERATION PERMIT by: Heath Snow Date: 3-24-16

Existing System Inspected by: Date:

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

IREDELL COUNTY HEALTH DEPARTMENT *ENVIRONMENTAL HEALTH DIVISION*

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56773

(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 ___ 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 #
Doris Lytton	2152 S Chipley Ford Rd Statesville NC 28625	704 871-2438	704 682-8323
Owner Name: Same	Mailing Address	Home Phone #	Alternate Phone #

4. Property Information:

Street Address	Subdivision Name	Section/Phase and Lot Number
	Ft Dobbs	

Driving Directions:

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 Henry said it's cracked all the way
( ) Other

Maximum Number of Bedrooms 3
Maximum Number of Occupants 2
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

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 ____ *Year*

( ) Alternative ( ) Conventional ( ) Innovative ( ) Modified Conventional ( ) Other____

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?

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

3/16/16
DATE