REDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 230633.

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

PIN # 4736652438.

APPLICANT/OWNER: William Mahaffey APPLICANT ADDRESS: 131 Viewmont CT Statesville NC 28625

SITE ADDRESS: 131 Viewmont CT Statesville NC 28625 PHONE: 704 876-1797 ALT. PHONE 704-657-5650

SITE DIRECTIONS: 115 N to Chipley Ford. 3 miles to Viewmont SAP CONTROLLED: ☐ YES ☒ NO

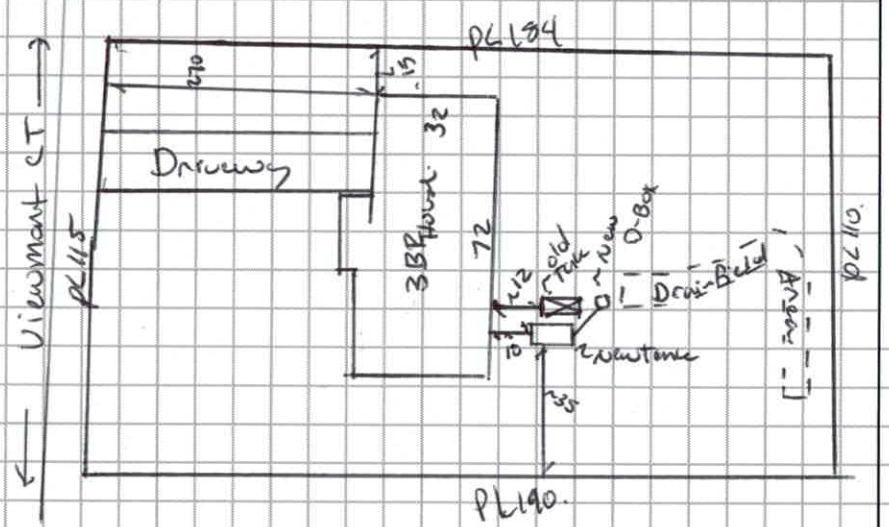
SUBDIVISION: Clearview Acres / Wooten Bros. SECTION: ~ LOT # 41 LOT AREA: ~ DESIGN FLOW: 360 L.T.A.R.: EXT

Septic Tank	1000 (gal)	STB	1060 - Dun	Date	~	☐ New System ☒ Repair ☐ Expansion	System Type: I (II) III IV V VI	☒ Residence	No. Bedrooms 3
Pump Tank	~ (gal)	PT	~	Date	~	System Description:	Septic Tank Replacement.	☐ Business	No. Persons 6
Pump Make	~	Model	~	Serial #	~	Repair System Description:		☐ Other	No. Employees
# Nitrification Fields	EXT	# Lines	EXT	Linear Ft	EXT	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

Water Supply: ☐ Private ☒ Public ☐ Community

Comments / Conditions: Crush / Fill or haul away existing Septic Tank. Place new septic tank 10ft from house. Also replace D-Box. Replace any pipe in the drainfield as needed. Call 704-664-3703 for final inspection.

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: William Mahaffey Date: Installed by: John - Massey Septic Tank

IMPROVEMENT PERMIT by: Benjamin A. Bottoms Date: 10/5/2017 OPERATION PERMIT by: Benjamin A. Bottoms Date: 10-6-2017.

AUTHORIZATION TO CONSTRUCT by: Benjamin A. Bottoms Date: 10/5/2017. Existing System Inspected by: Date:

230633

RECEIVED OCT -2 2017

IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

APPLICATION FORM

Repair Evaluation-No chg.

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: William Mahaffey Address: 131 Viewmont CT Statesville Zip: 28625
Applicant Email: _____ Phone: 704-876-1797 Alt. Phone: 704-657-5650
Owner Name: William Mahaffey Address: same Zip: _____
Owner Email: _____ Phone: _____ Alt. Phone: _____

Property Information:

Street Address: 131 Viewmont CT Statesville NC
Subdivision Name: Viewmont CT (Cleaqview Acres) Section/Phase: _____ Lot Number: 41
Driving Directions: 115 N to Chipley Rd. 3 miles to Viewmont

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: 2 — ( ) 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: _____
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: 1 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: 1970
( ) 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
( ) Yes (✓) No Is any non-domestic sewage (i.e. industr
( ) Yes (✓) No Is the site subject to approval by any ot

No permit in Database

I have read this application and certify that the information provided herein is true, complete, and correct. Authorized co granted right of entry to conduct necessary inspections to determine compliance with applicable laws and rules. I ul responsible for the proper identification and labeling of all property lines and corners and making the site accessib evaluation can be performed.

Signature: William D. Mahaffey 10-2-17
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

*SURFACING

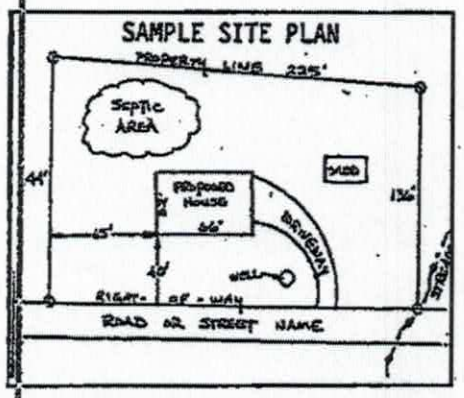
IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

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:

( ) Property Line measurements are clearly identified
( ) All proposed structures are indicated
( ) Front and side setbacks from property line
( ) Preferred driveway location
( ) Preferred well location
( ) Preferred septic system location
( ) North arrow, or other sufficient indicator of direction

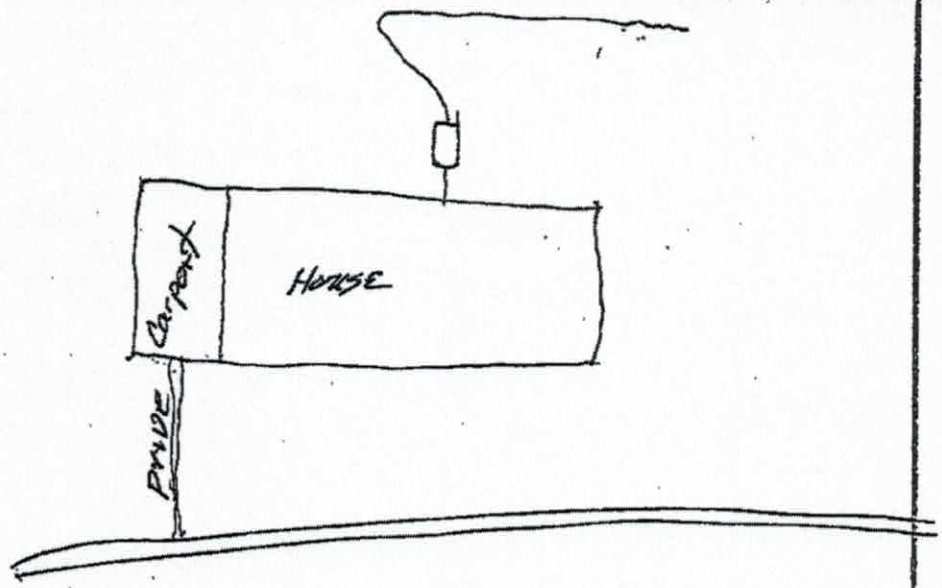


Circle N/A on the following if appropriate:

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: William D. Mahaffey
Property owner or owner's legal representative signature (SIGNATURE REQUIRED)

10-2-'17
DATE