SCAN to PINA 4736-72-6910.11

IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 83860 PIN# 4736 72 7707 DATE 9-22-99

OWNER OR CONTRACTOR Ze Lee Yang PHONE: Business 876 1305 Home

ADDRESS 122 Bridle Lane

LOCATION 115 N TR Chipley Ford TR Clearview TR Bridle Ln at cnt left

SUBDIVISION BLOCK / SECTION LOT 2 LOT AREA 12.54 acres SITE CLASS P3 DESIGN FLOW 360 L.T.A.R. .3

Septic Tank: 1000 Gallons; STB 620 Date 7-1-99

Pump Tank: Gallons; PT Date

Pump Make: Model Serial No.

Nitrification Field: No Fields 1 Square Feet 1200 Linear Feet 400

No Lines 3 Trench Width 36 Max Trench Bottom Depth 36 Gravel Depth 12"

(X) New System ( ) Repair System Type: (I) II, IV, V, VI

System Description: Conv. Gravity

Repair System Description: " "

Maintenance Agreement Required: ( ) Yes (X) No

( ) Slab (X) Crawl Space Basement w/plumbing ( ) Basement w/o plumbing

(X) House/Mod. Home No. Bedrooms 3

( ) Mobile Home No. Bathrooms 2

( ) Business No. Employees

( ) Other

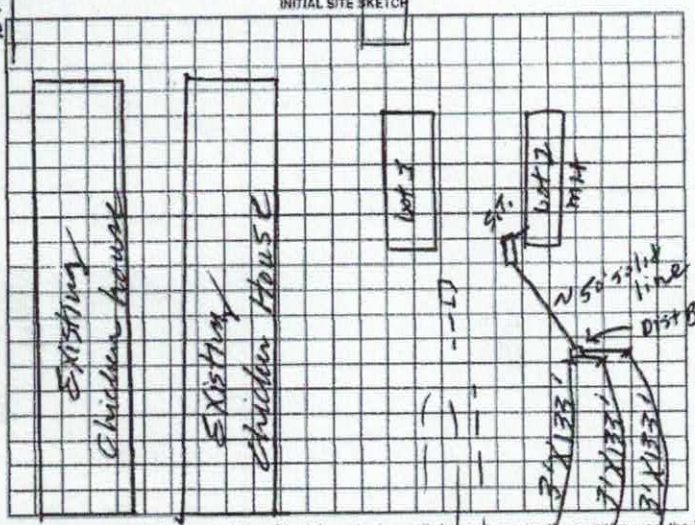
Water Supply: (X) Individual ( ) Public ( ) Community

Bridle Ln

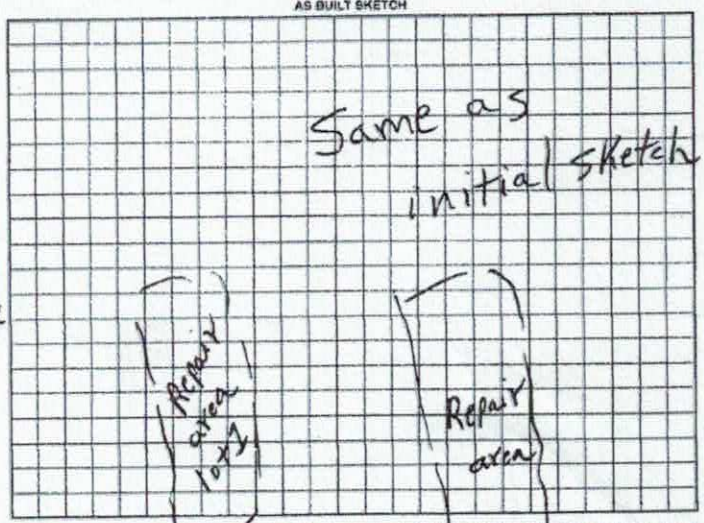
Comments/Conditions:

Comments/Conditions

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. Improvement Permit with plat 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: [signature] date 9-23-99 Installed by: Sammy Reavis

Improvement Permit by: J.C. Moore date 9-22-99 Operation Permit by: J. C. Moore date 10-28-99

Authorization to Construct by: J.C. Moore date 9-23-99 Existing System Inspection by: date

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

IREDELL COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
Application For Improvement Permit

ALL items on this application form must be completed before Health Department can begin work. One application must be completed by the property owner or agent for each (proposed) site.

PERSONAL INFORMATION:

Applicant	Phone #	Mailing Address	City	State	Zip Code
Liz and Chad Yarn	876-1303	122 Bridle Ln	Statesville	NC	28625

Current Property Owner	Mailing Address	City	State	Zip Code
Same				

PROPERTY INFORMATION:

(Proposed) Subdivision Name	(Proposed) Lot #	(Proposed) Block/Section #	State Road #

(Proposed) Water Supply: Public, Private Well	**Preliminary Plat Approval Date** (DEVELOPERS ONLY)	Tax Map #
Well preferred		

Specific Directions to Property _____

TYPE OF FACILITY: (use check (X) or number as appropriate)

House ____ Mobile Home X Commercial ____ No. Bedrooms 3 No. Baths 2

No. Persons or Employees (commercial only) ____ Basement ____ Basement with Plumbing ____

Crawl Space ____ Concrete Slab ____ Garbage Disposal ____ Jaccuzi or spa ____

COVENANT AND SIGNATURE:

I hereby make application to the Iredell County Health Department for a soils/site evaluation of the property described above. This evaluation is to be conducted for the sole purpose of obtaining a septic system Improvement Permit. I hereby authorize Iredell County Health Department representatives to go onto the above property for purposes of conducting this evaluation. I understand that, by state law, any Improvement Permit issued on the above property may be voided if substantial changes are made to the designated sewage system site. The issuance of an Improvement Permit by the Iredell County Health Department does not relieve me from compliance with all other relevant state/local laws or regulations. As owner or authorized agent, I covenant that the contents of this application are true and represent the maximum facilities intended to be placed on this property to my knowledge to date.

I understand that any Improvement Permit issued on the above property is valid for five (5) years from the issuance date and is subject to revocation if the above described site plans or intended use changes.

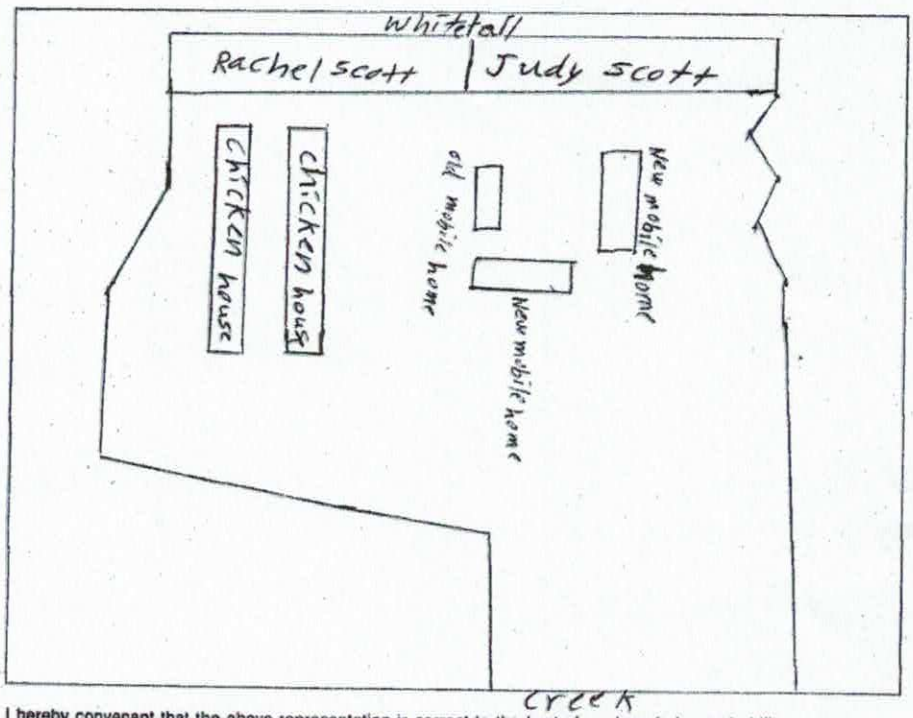
9-13-99 DATE _____ SIGNATURE OF OWNER/AUTHORIZED AGENT

IREDELL COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
Application For Improvement Permit
Site Plan Form

INSTRUCTIONS TO APPLICANT: (Items in Parentheses are to be performed by DEVELOPERS ONLY)

All property corners must be staked and flagged with dimensions matching those shown on an approved final (preliminary) plat (and proposed house dimensions must be staked and flagged) before the Iredell County Health Department can begin review work on this proposed site. An application for an Improvement Permit is considered complete only when this site plan form is completed, signed, and attached to the application form.

As Close To Scale As Is Possible: 1. Draw in the proposed lot showing all proposed lot dimensions and orientation to proposed streets or roads. 2. Draw in the proposed structure showing dimensions and distances to property lines (include decks, walkways, etc.). E. Draw in the proposed driveway location. 4. Draw in all wells, both existing and proposed, including those on adjacent property (if known). 5. Draw in any other structure ie. sheds, outbuildings, pools, etc. which will occupy space on the proposed lot.



I hereby convenant that the above representation is correct to the best of my knowledge and ability.

9-14-99 Date _____ SIGNATURE OF OWNER/AUTHORIZED AGENT

DEPARTMENT OF ENVIRONMENT, HEALTH, AND NATURAL RESOURCES
DIVISION OF ENVIRONMENTAL HEALTH
ON-SITE WASTEWATER SECTION

Sheet ___ of ___
PROPERTY ID #: _____
COUNTY: _____

SOIL/SITE EVALUATION
for ON-SITE WASTEWATER SYSTEM

OWNER: Zc Lee Yang APPLICANT: _____
ADDRESS: _____ APPLICATION DATE: _____ DATE EVALUATED: _____
PROPOSED FACILITY: _____ PROPOSED DESIGN FLOW (.1949): _____ PROPERTY SIZE: _____
LOCATION OF SITE: Lot 2 Bridle Ln PROPERTY RECORDED: _____
WATER SUPPLY: ☐ Private ☐ Public ☐ Well ☐ Spring ☐ Other _____
EVALUATION METHOD: ☐ Auger Boring ☐ Pit ☐ Cut
TYPE OF WASTEWATER: ☐ Sewage ☐ Industrial Process ☐ Mixed

PROFILE #	.1940 LANDSCAPE POSITION/ SLOPE %	HORIZON DEPTH (IN.)	SOIL MORPHOLOGY (.1941) STRUCTURE/ TEXTURE	SOIL MORPHOLOGY (.1941) CONSISTENCE/ MINERALOGY	OTHER PROFILE FACTORS .1942 SOIL WETNESS/ COLOR	.1943 SOIL DEPTH	.1956 SAPRO CLASS	.1944 RESTR HORIZ	PROFIL. CLASS & LTAR
1	16% Linear	0 to 18	C						Unsuitable
		18 to 48	C	Expansive	Chroma 2				
2	Linear	48"	Clay						3
3	Linear	48"	clay						3
4									

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)		
System Type(s)		
Site LTAR		

OTHER FACTORS (.1946): _____
SITE CLASSIFICATION (.1948): _____
EVALUATED BY: _____
OTHER(S) PRESENT: _____