250 312876

IREDELL COUNTY HEALTH DEPARTMENT *ENVIRONMENTAL HEALTH DIVISION*

(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 X 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 #
LAURIE J HOOKER	146 NATURES TRAIL STATESVILLE, NC 28625	(704) 873-6471	(704) 450-6957
Owner Name	Mailing Address	Home Phone #	Alternate Phone #
LAURIE J. HOOKER	146 NATURES TRAIL STATESVILLE, NC 28625	(704) 873-6471	(704) 450-6957

4. Property Information:

146 NATURES TRL STATESVILLE NC, 28625 (Street Address) | DOBBS VALLEY (Subdivision Name) | (Section/Phase and Lot Number)

Driving Directions: HWY 115 NORTH, TURN RIGHT CHIPLEY FORD RD, TURN RIGHT ONTO FORT DOBBS; TURN LEFT ONTO NATURES TRAIL, 2ND HOUSE ON RIGHT

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 ___
(X) Other 2002. 44 x 24

Maximum Number of Bedrooms 3
Maximum Number of Occupants 6
If Expansion, Current Number of Bedrooms ___

( ) Crawl Space Foundation?
( ) Concrete Slab Foundation?
(X) 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 2002 (Year)

( ) Alternative ( ) Conventional ( ) Innovative ( ) Modified Conventional ( ) Other___

8. Please Answer The Following ( ) Yes (X) No Does the site contain any jurisdictional wetlands?
To The Best of Your Ability: ( ) Yes (X) No Is any non-domestic sewage (i.e. industry) to be generated?
( ) Yes (X) 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: Reginald H. Hooker
Property owner or owner's legal representative signature (SIGNATURE REQUIRED)

17 AUG 15
DATE

2128736

IREDELL COUNTY HEALTH DEPARTMENT *ENVIRONMENTAL HEALTH DIVISION:*

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

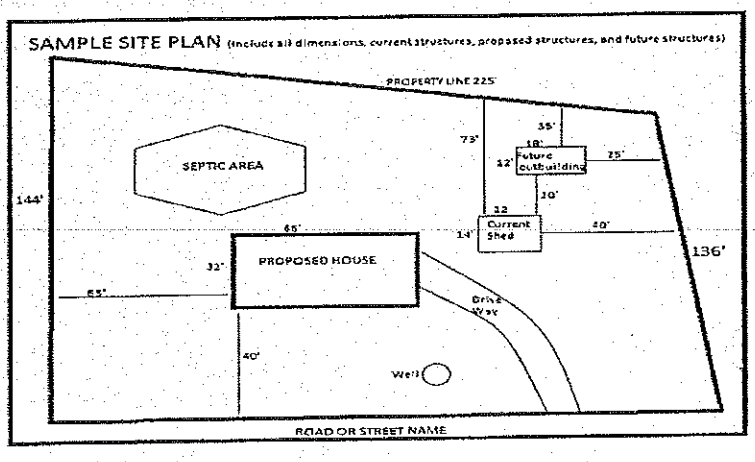
____ Front and side setbacks from property line... ____ Preferred driveway location and configuration, preferred well location...

____ Area you prefer your septic system to be placed... ____ North arrow, or other sufficient indicator of direction...

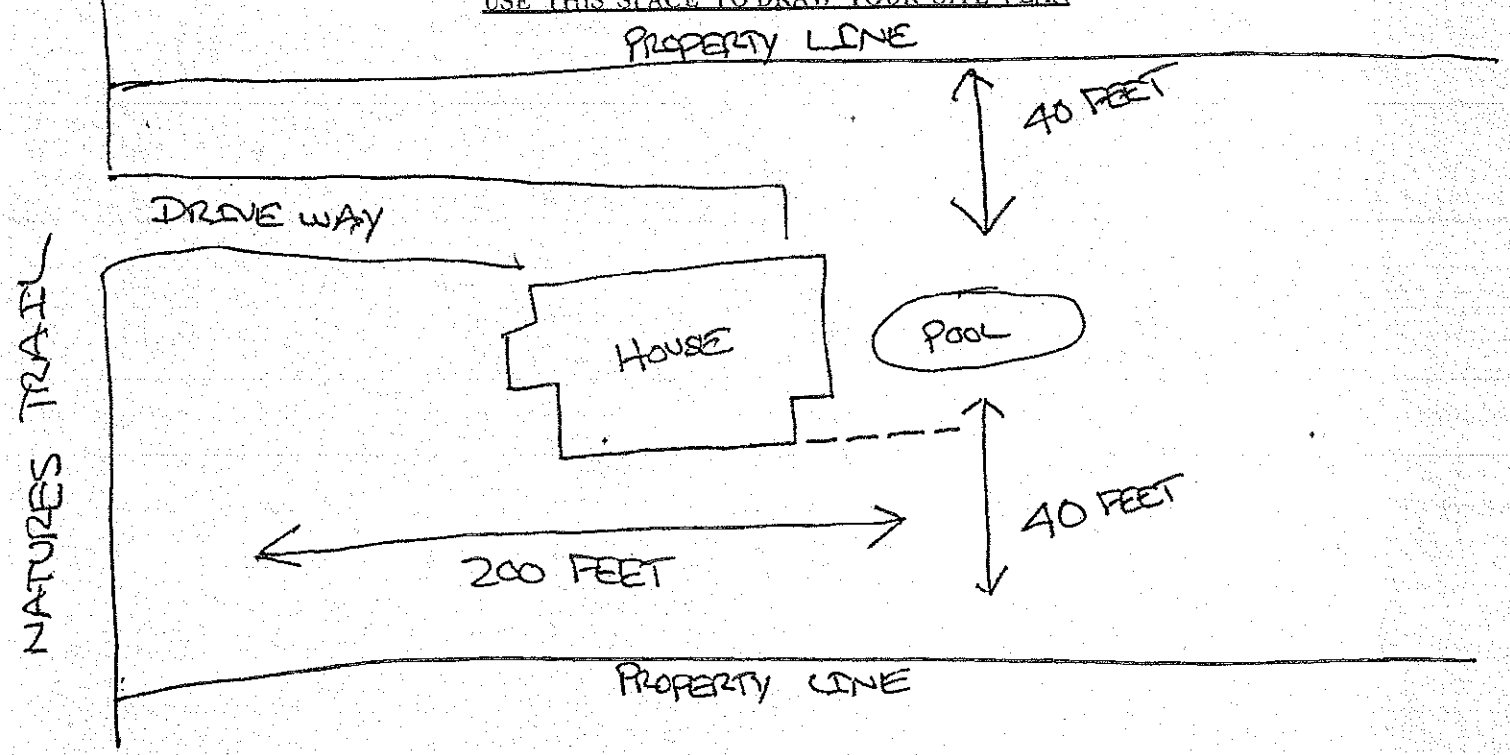
Circle N/A on the following if appropriate:

____ 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



USE THIS SPACE TO DRAW YOUR SITE PLAN



Signature: Reginald H. Hooker

REQUIRED property owner or owner's legal representative signature.

17 AUG 15

DATE

IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 107611 PIN# 4736-90-1118 DATE 8-8-06

OWNER OR APPLICANT GREG BULL BLDRS PHONE: Business 704-660-5177 Home

ADDRESS 454 COOPER FARM RD STATESVILLE NC 28625

LOCATION 21 N TO FT DOBBS @ NANCES TRAIL TR RT LOT # 7

SUBDIVISION DOBBS VALLEY BLOCK / SECTION LOT 7 LOT AREA 1.96 AC SITE CLASS. BS DESIGN FLOW 360 L.T.A.R. .13

Septic Tank: 1000 Gallons: STB 1017 Date 1-14-05

Pump Tank: 1000 Gallons: PT 17 Date 5-15-06

Pump Make: Cornell 3 HP Model WED5M2HU Serial No. E06300457

Nitrification Field: No Fields 1 Square Feet 66=120' Linear Feet 300

No Lines 3@120 Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth N/A ☐ Gravity ☑ Pressure ☐ Slab ☐ Crawl Space ☑ Basement w/plumbing ☐ Basement wo/plumbing

☑ New System ☐ Repair ☐ Expansion System Type: I II III IV V VI

System Description: PUMP 25% REDUCT

Repair System Description: LP 25% REDUCT

Maintenance Agreement Required: ☐ Yes ☒ No

☒ House/Mod. Home ☐ Mobile Home ☐ Business ☐ Other

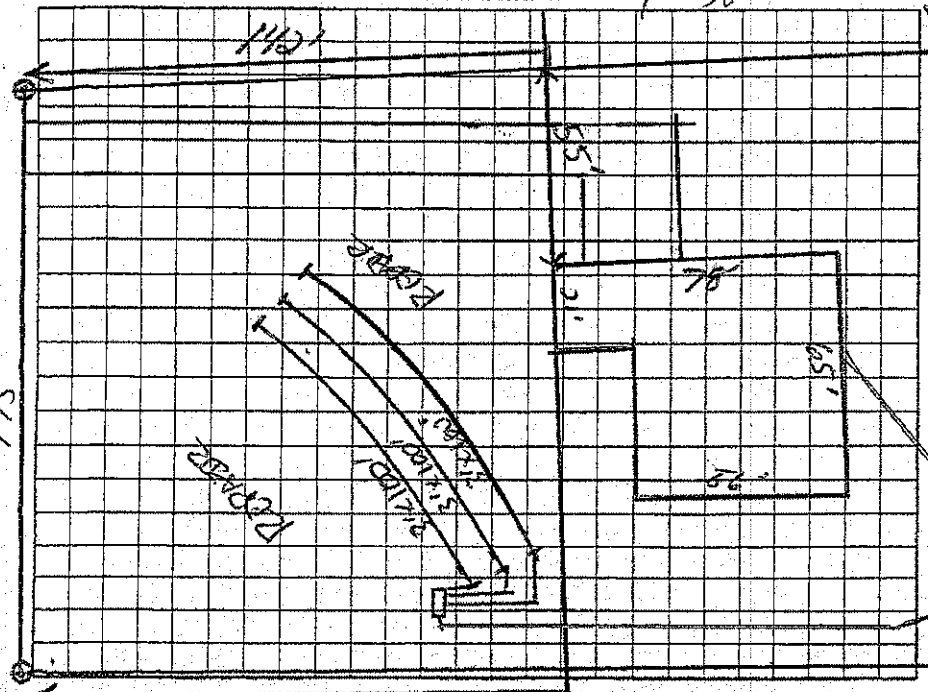
No. Bedrooms 3 No. Persons 6 No. Employees

Water Supply: ☐ Individual ☒ Public ☐ Community

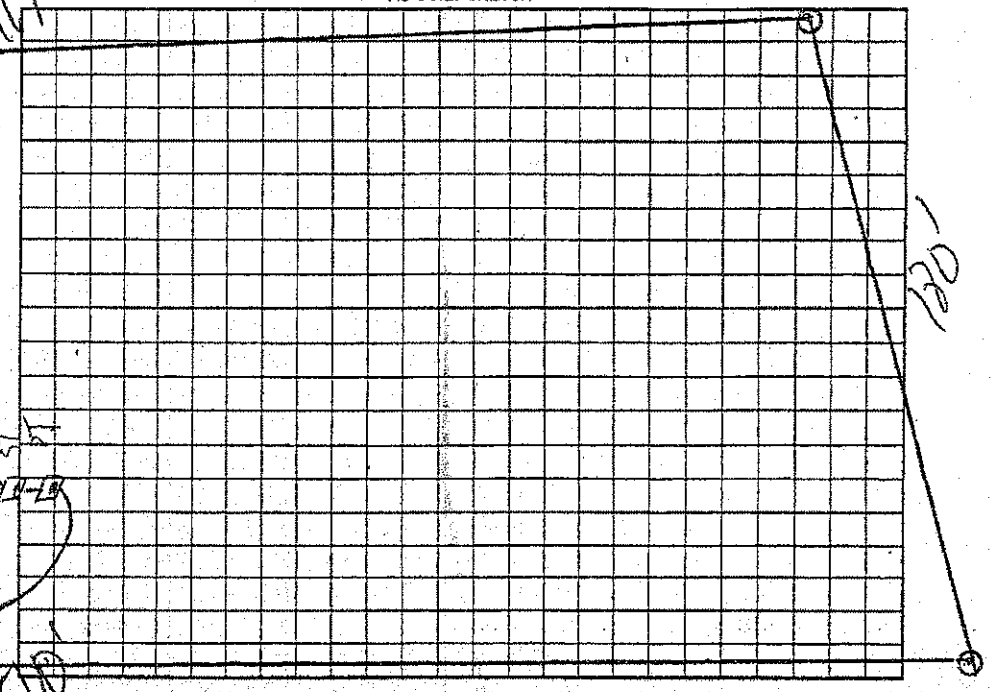
Comments/Conditions: ① THIS PERMIT IS A REDRAW AND PREVIOUS SOIL WORK WAS PERFORMED BY B. FREEMAN PROGRAM SPECIALIST. ② INSTALL LOWES ON LOW PRESSURE SERVICES

Comments/Conditions:

INITIAL SITE SKETCH 1" = 50'



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: date 8-8-06 Installed by: Steve Jordan

Improvement Permit by: date 8-8-06 Operation Permit by: James Atkins date 9/20/06

Authorization to Construct by: date 8-8-06 Existing System Inspection by: date

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