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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: (X) 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 #
Charles W. Massie	P.O. Box 6172	865-776-7146	—
Owner Name	**Mailing Address**	**Home Phone #**	**Alternate Phone #**
SAME	Statesville NC. 28687	SAME	—

4. [redacted] Information:

Street Address	Subdivision Name	Section/Phase and Lot Number
385 Bluegill Ln, Statesville, N.C. 28625	Poplar Ridge	Lot # 28

Driving Directions: Chipley Ford North - past Red Chimney Road to Bluegill Ln. - TRN Rt and follow all the way to the end of the Last Cul de Sac

5. RESIDENTIAL Site Development Information: *(Check or Complete ALL that apply)*

(X) New, Single Family Residence
( ) New, Multi-Family Residence
( ) Expansion of Existing Septic System
(X) Repair To Failing Septic System due to [redacted]
(X) Other Adding Storage Building 24' x 14'

Maximum Number of Bedrooms 3
Maximum Number of Occupants 2
If Expansion, Current Number of Bedrooms ___

(X) 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 (X) Community Well ( ) City Water ( ) Other Public Water

7. Desired Septic System Type: *(You may rank in order of preference, if any)* ( ) EXISTING SYSTEM installed 2015 (Year)

( ) Alternative (X) 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: Charles W. Massie
Property owner or owner's legal representative signature (SIGNATURE REQUIRED)

7/31/15
DATE

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:

X **Property Line measurements are clearly identified...** X **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

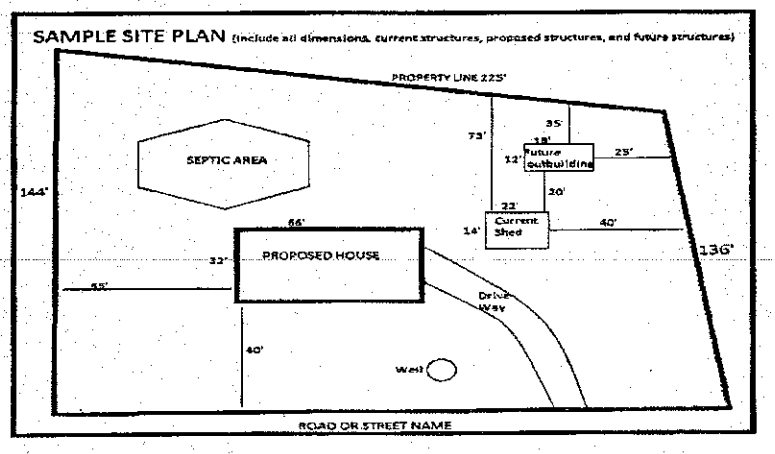
___ **Front and side setbacks from property line...** X **Preferred driveway location and configuration, preferred well location...**

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

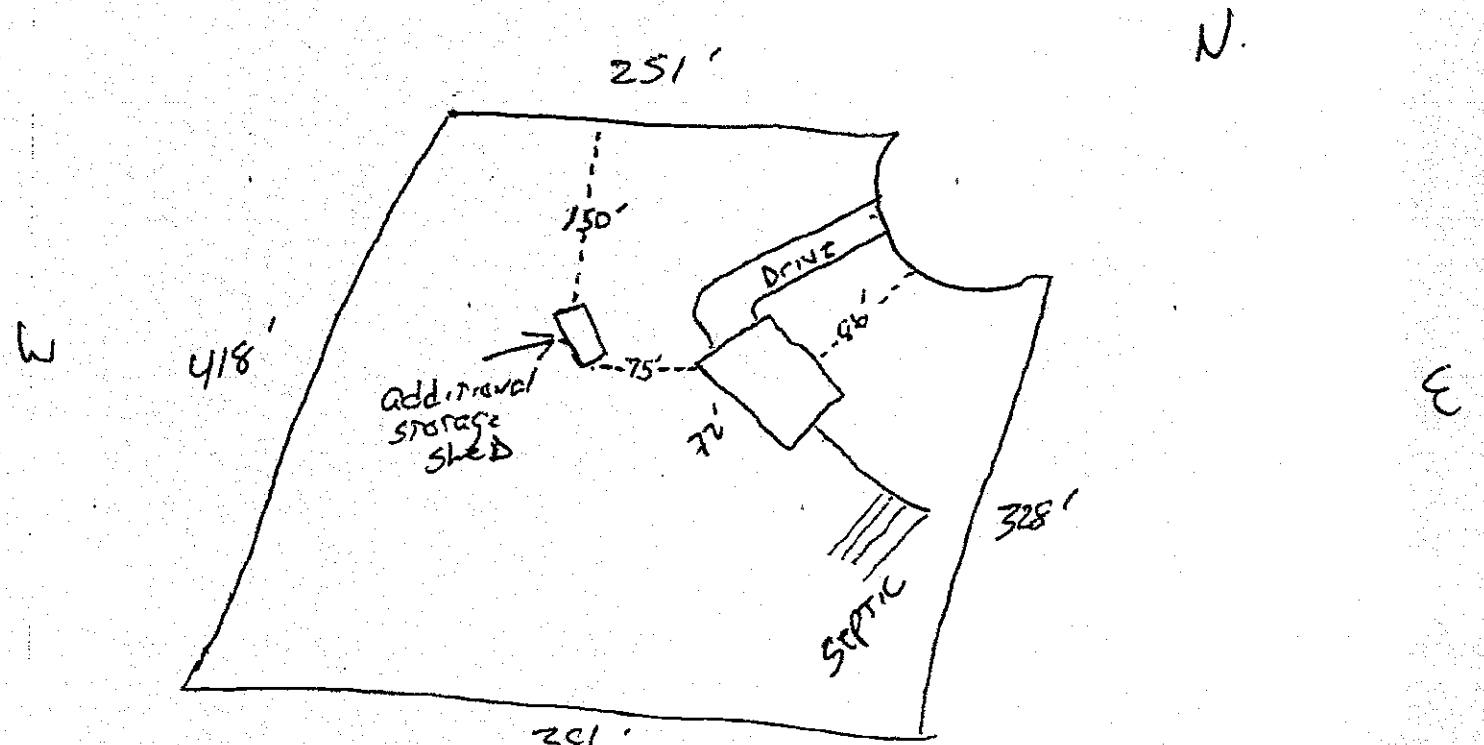
Circle N/A on the following if appropriate:

X **Location of septic systems and wells within 100' of your property... N/A**

N/A **Location of easements and rights of ways on your property... N/A** N/A **Location of any designated wetlands on the property... N/A**



USE THIS SPACE TO DRAW YOUR SITE PLAN



Signature: Charles A. Lee S 7/31/15

REQUIRED **property owner or owner's legal representative signature.** **DATE**

IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 207564

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

PIN # 4737773149

APPLICANT: Charles W. massie APPLICANT ADDRESS: 4622 Sunrise Beach Rd Catawba NC 28609

SITE ADDRESS: 385 Bluegill Ln Statesville NC 28625 PHONE: 865-776-7146 ALT. PHONE: N/A

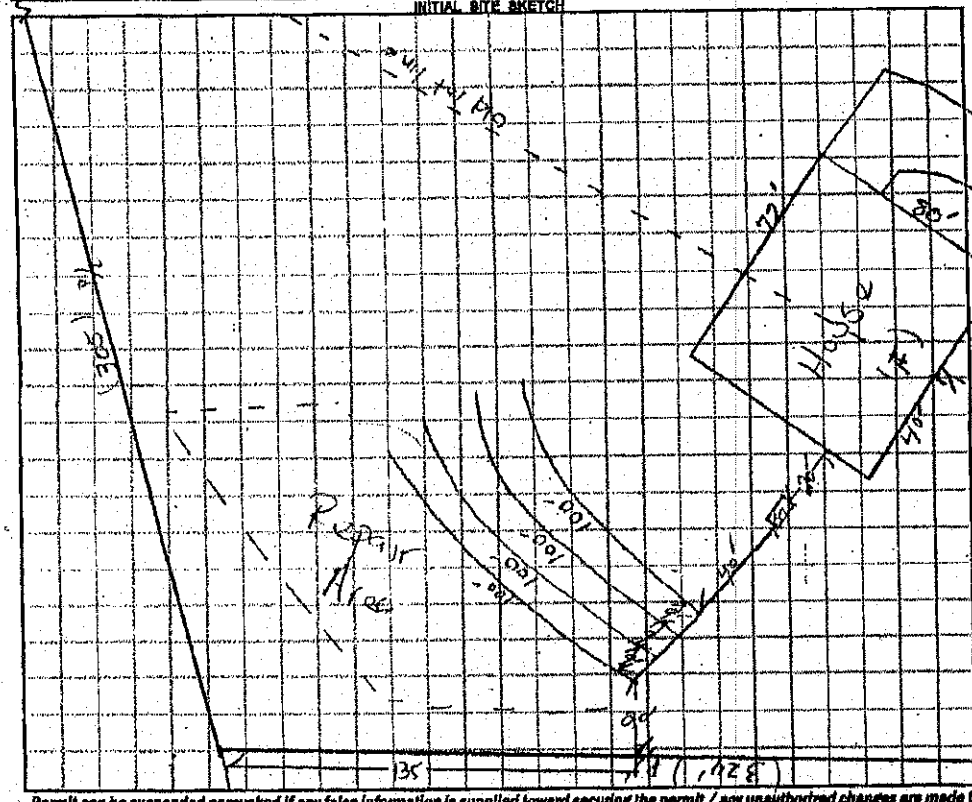
SITE DIRECTIONS: N to Shipley Ford Rd T/R Bluegill Ln on left at end in cul-de-sac

SUBDIVISION: Poplar Ridge SECTION: P2 LOT # 28 LOT AREA: 3.117ac DESIGN FLOW: 480 L.T.A.R.: 0.3

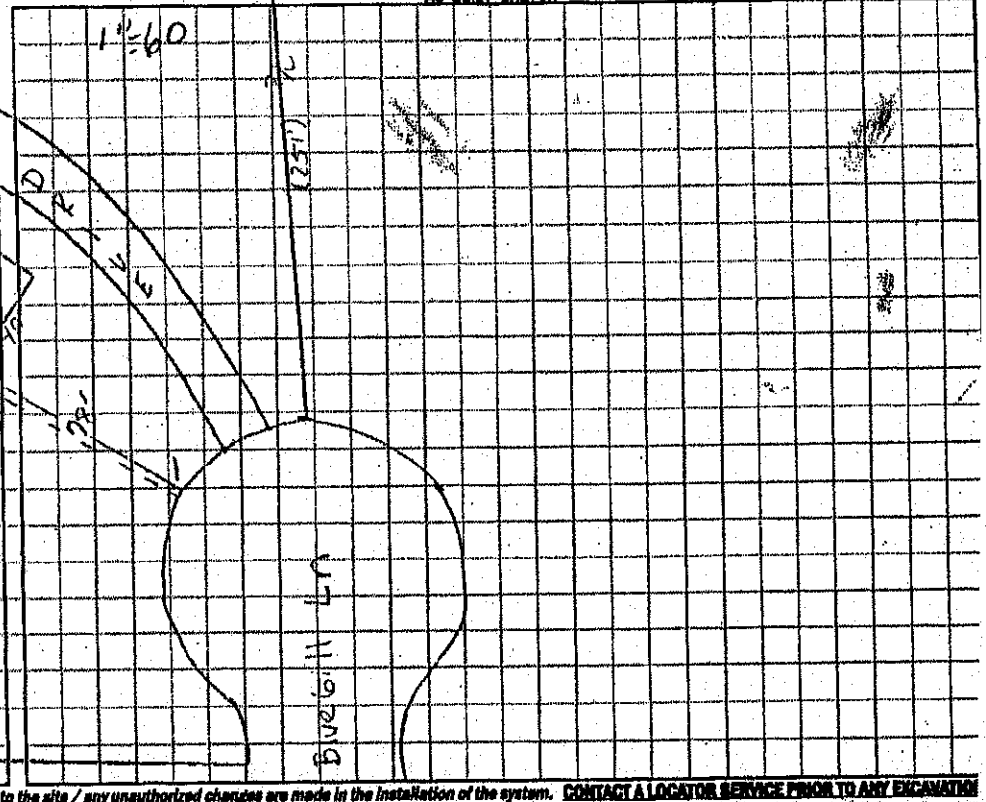
Septic Tank 1000 (gal)	STB	Date	[X] New System [ ] Repair [ ] Expansion System Type: I II III IV V VI	[X] Residence	No. Bedrooms 4	Water Supply
Pump Tank (gal)	PT	Date	System Description: 25% Reduction	[ ] Business	No. Persons 8	[ ] Private
Pump Make	Model	Serial #	Repair System Description: 25% Reduction	[ ] Other	No. Employees	[X] Public
# Nitrification Fields 1	# Lines 4	Linear Ft: 400	Maintenance Agreement Required: [ ] YES [X] NO	[ ] Slab	[X] Crawl Space	[ ] Community
Trench Width 36"	Max. Trench Bottom Depth 36"	Gravel Depth N/A	[X] GRAVITY [ ] PRESSURE	[ ] Basement w/plumbing	[ ] Basement w/o plumbing	

Comments / Conditions: Install 25% reduction on contour serial distribution.

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. [X] 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: [signature] Date: 1/16/15 Installed by:

IMPROVEMENT PERMIT by: [signature] Date: 01/07/15 OPERATION PERMIT by: Date:

AUTHORIZATION TO CONSTRUCT by: [signature] Date: 02/02/15 Existing System Inspected by: Date:

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