213255 #250

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 #
Josiah P Christian	147 Grassy Meadow LN Statesville, NC 28625	704-876-3991	704-495-2075
Owner Name	Mailing Address	Home Phone #	Alternate Phone #
Josiah P Christian	147 Grassy Meadow LN Statesville, NC 28625	704-876-3991	704 495-2075

4. Property Information:

147 Grassy Meadow LN Statesville NC 28625 (Street Address) | RidgeCrest (Subdivision Name) | Lot 74 Phase III (Section/Phase and Lot Number)

Driving Directions: Take 115 N. off of I-40, Go 5.5 miles to Branchwood Rd, turn R on Branchwood, Go .75 Mi. to Riverfield, turn Left, then R. on Grassy Meadow LN, Go about .75 Mi. to property 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 _____
( ) Other Front Porch addition to existing Double wide Home

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

(✓) 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 _____

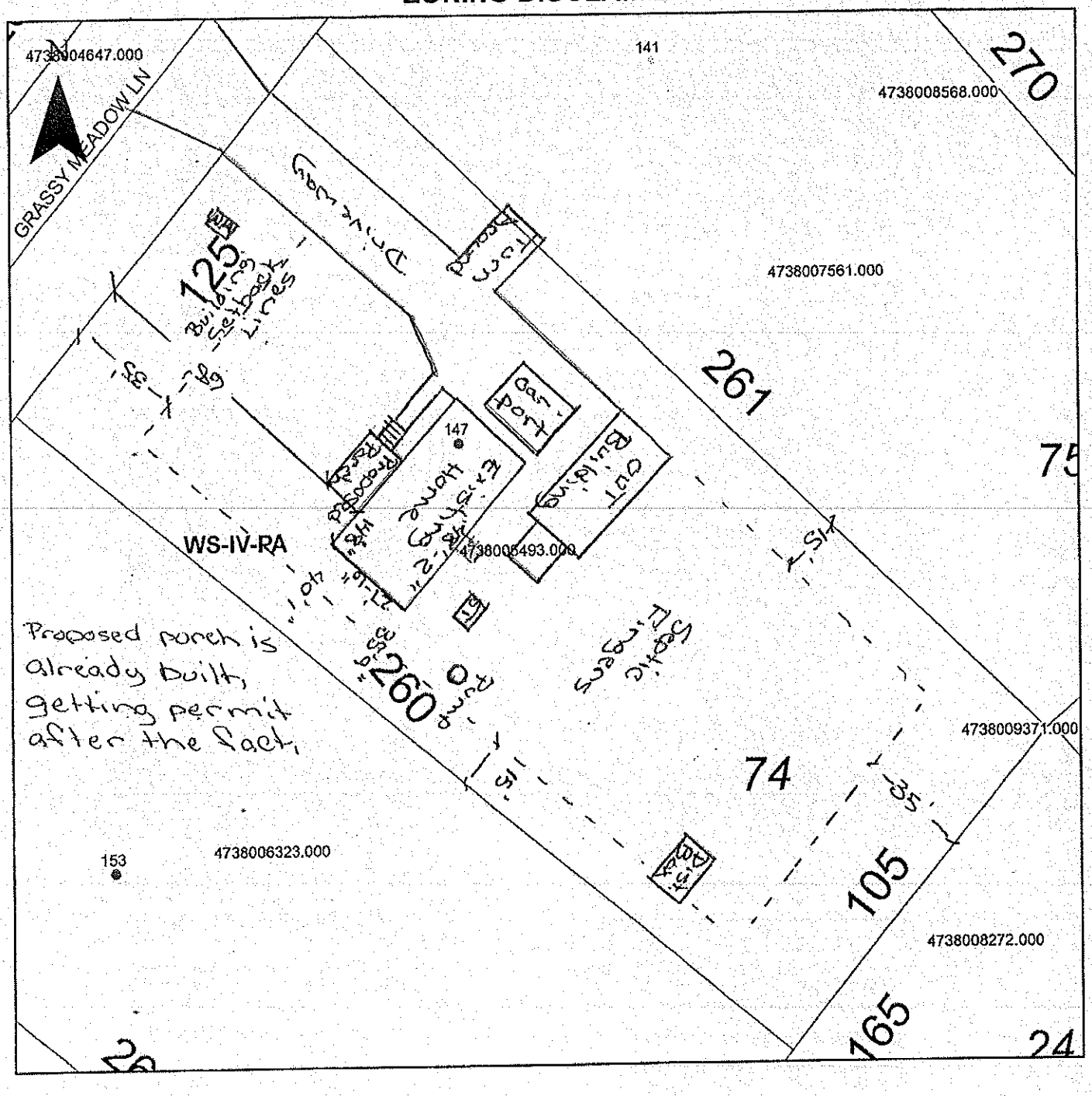
8. Please Answer The Following ( ) Yes (✓) No Does the site contain any jurisdictional wetlands?
To The Best of Your Ability: ( ) Yes (✓) No Is any non-domestic sewage (i.e. industry) to be generated?
( ) Yes (✓) No Is the site subject to approval by any other public agency?

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: _____ 8-19-15
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

$699.00

ZONING DISCLAIMER



Property Address 147 Grassy Meadow LN Statesville, NC 28625

The applicant certifies that there are no deed restrictions, contractual agreements or governmental regulations of any kind that interfere with or prohibit the use of the property or the use for which this permit is requested. Applicant further acknowledges that the enforcement of deed restrictions, plat conditions, and other contractual agreements will not be undertaken by Iredell County and is the sole responsibility of the affected parties.

Applicant

9-1-15
Date

IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 08690 PIN# 4738 00 3365 (PT) DATE 12-29-99

OWNER OR CONTRACTOR CRAVEN & OTHERS PHONE: Business 872-6695 Home

ADDRESS 374 LONG ISLAND ROAD, STATESVILLE NC 28677

LOCATION NC 115 N TR BRANCHWOOD, TL RIVERFIELD, TR GRASSY MEADOW LANE, 1ST LOT ON RIGHT

SUBDIVISION RIDGECREST BLOCK / SECTION II LOT 74 LOT AREA 0.6874 ACRE SITE CLASS PS DESIGN FLOW 360 L.T.A.R. 0.30 GPD/FT2

Septic Tank: 1000 Gallons; ST# 1012 Date 10-8-99

Pump Tank: 1000 Gallons; PT 17 Date 8-22-99

Pump Make: HYDROMATIC Model SK50A1 Serial No

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

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

☐ New System ☐ Repair System Type: I, II, III, V, VI

System Description: CONVENTIONAL PUMP

Repair System Description: 50% REDUCTION PUMP

Maintenance Agreement Required: ☐ Yes ☒ No

☐ Slab ☒ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

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

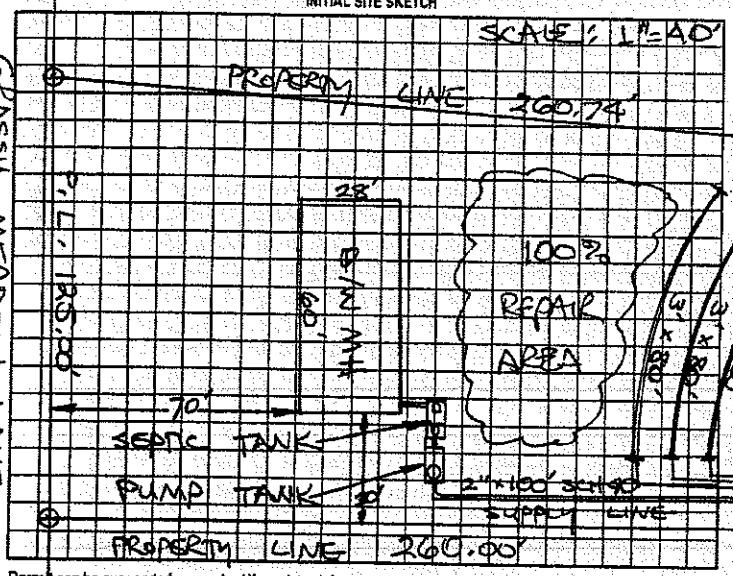
No. Bedrooms 3 No. Bathrooms 2 No. Employees

Water Supply: ☐ Individual ☒ Public ☐ Community

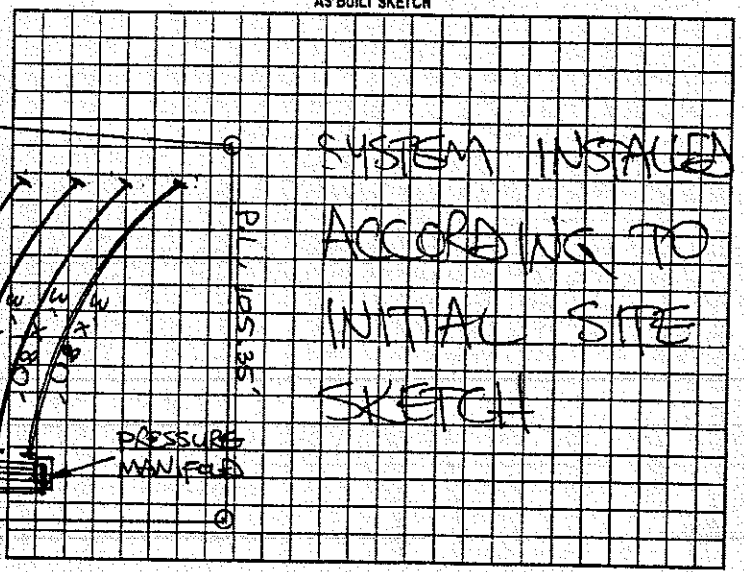
Comments/Conditions: SEE ATTACHED SHEETS FOR PUMP AND PRESSURE MANIFOLD REQUIREMENTS

Comments/Conditions: SEPTIC TANK W/ MARKER INSTALLED USING "POLY/OK" FILTER

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 plan 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 30 Dec.

Improvement Permit by: STEVE HEDRICK date 12-29-99

Authorization to Construct by: STEVE HEDRICK date 12-29-99

Installed by: A-1 BACKHOE

Operation Permit by: STEVE HEDRICK date 2-23-00

Existing System Inspection by: date

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