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Paid $40.00 Statesville

IREDELL COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

PAGE 1: *APPLICATION FORM*

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:

Applicant Name: Harold Hailey Address: 351 Clowerhouse Loop Rd Troutman 28166 Phone: 7045256222

Owner Name: Harold Hailey Address: 351 Clowerhouse Loop Rd Troutman 28166 Phone: 7045256222

Property Information:

Street Address: 351 Clowerhouse Coop Rd Troutman N.C.

Subdivision Name: _____ Section/Phase: _____ Lot Number: _____

Driving Directions: 77 South to Hwy 21 North 1st Left Beltline Or Lot Clowerhouse Coop Rd go 1 mile on Left last Drive on Left Before I 77 Just Before Carlyle Rd on right red gate on drive

Site Development Information: *(check or complete ALL that apply)*

( ) New Single Family Residence
( ) New Multi-Family Residence
(✓) Accessory Building
( ) Bedroom(s) Addition

Maximum Number of Bedrooms: _____
Maximum Number of Occupants: _____
( ) Swimming Pool
( ) Other Addition/Structure: _____

( ) Crawl Space Foundation
(✓) Concrete Slab Foundation
( ) Basement with Plumbing
( ) Basement without Plumbing

Non-Residential Site Development:
Type of Business: _____
Square Footage of Building: _____
Maximum Number of Employee: _____
Maximum Number of Seats/Beds/Other: _____

Water Supply:

( ) 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: 1999

( ) 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 wetlands?
( ) Yes (✓) No Is any non-domestic sewage (i.e. industrial) 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.

Signature: _____ 4-17-2014
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 079435 PIN# 4740 71 1734 DATE 3/17/99

OWNER OR CONTRACTOR Harold L. Hailey PHONE: Business _____ Home 528-6222

ADDRESS 379 Flower House Loop. Troutman, NC. 28166

LOCATION 115-21N TL 1st Flower House Loop, X 8th TR 1st drive on (R) (L) on new drive to Mod. location

SUBDIVISION NO BLOCK / SECTION _____ LOT _____ LOT AREA 5.59AC SITE CLASS. PS DESIGN FLOW 360 L.T.A.R. .3

Septic Tank: 1000 Gallons; STB _____ Date _____

Pump Tank: _____ Gallons; PT _____ Date _____

Pump Make: _____ Model _____ Serial No: _____

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

No Lines 5 Trench Width 36" Max Trench Bottom Depth 32" Gravel Depth 12"

☒ New System ☐ Repair System Type: I (II) III IV V VI

System Description: Gravity-Conventional

Repair System Description: None

Maintenance Agreement Required: ☐ Yes ☒ No

☒ House/Mod. Home No. Bedrooms 3

☐ Mobile Home No. Bathrooms 3

☐ Business No. Employees _____

☐ Other _____

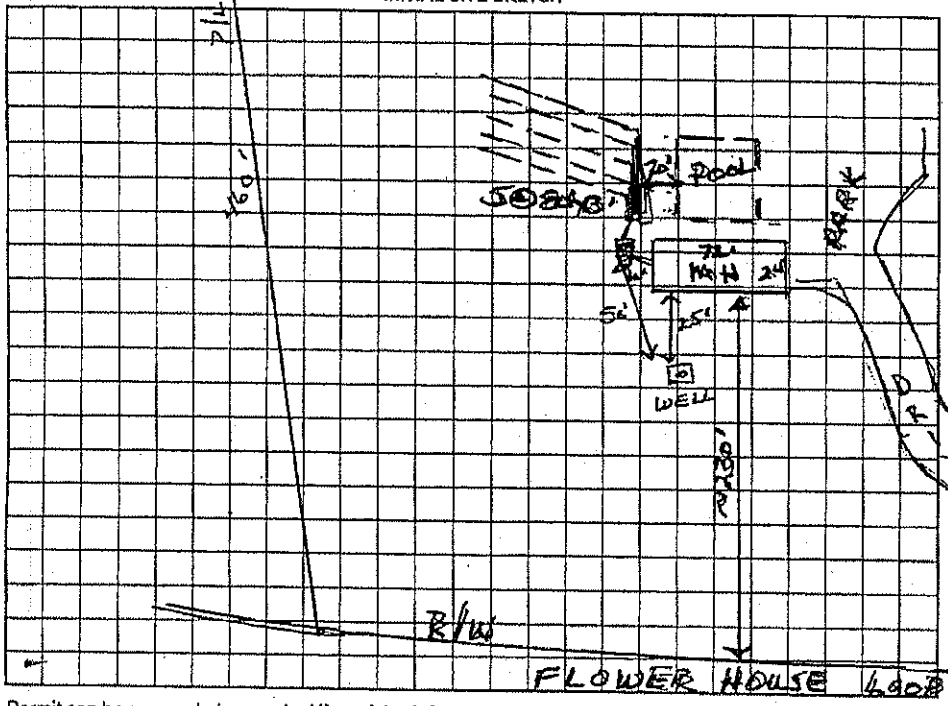
☐ Slab ☒ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☒ Individual ☐ Public ☐ Community

Comments:/Conditions:

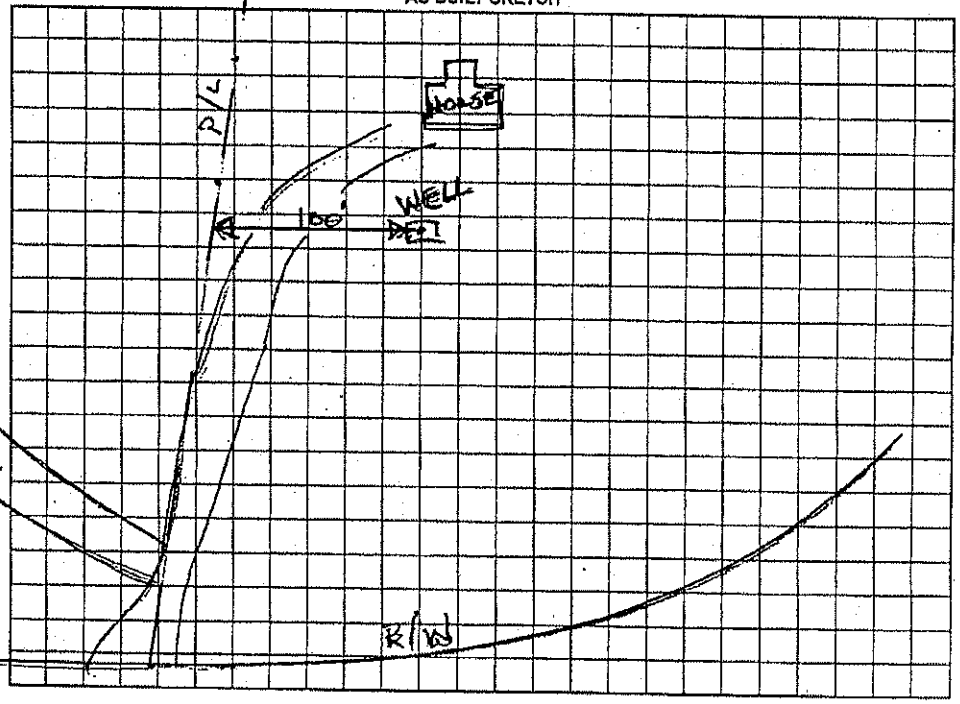
(1" = 100')

INITIAL SITE SKETCH



Comments:/Conditions:

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 2-22-99 Installed by: _____

Improvement Permit by: Wesley Sparks R.S. date 3/17/99 Operation Permit by: _____ date _____

Authorization to Construct by: Wesley Sparks R.S. date 3/17/99 Existing System Inspection by: _____ date _____

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