IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 18038

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

PIN # 4741-40-9337

APPLICANT: Kelly Carrigan APPLICANT ADDRESS: 132 Carrigan Rd

SITE ADDRESS: 110 Tahoe Ln - Denn 28166 ✓ PHONE: 704-528-5316 ALT. PHONE: N/A

SITE DIRECTIONS: Hwy 21S TR Carrigan Rd. TL Tahoe Ln.

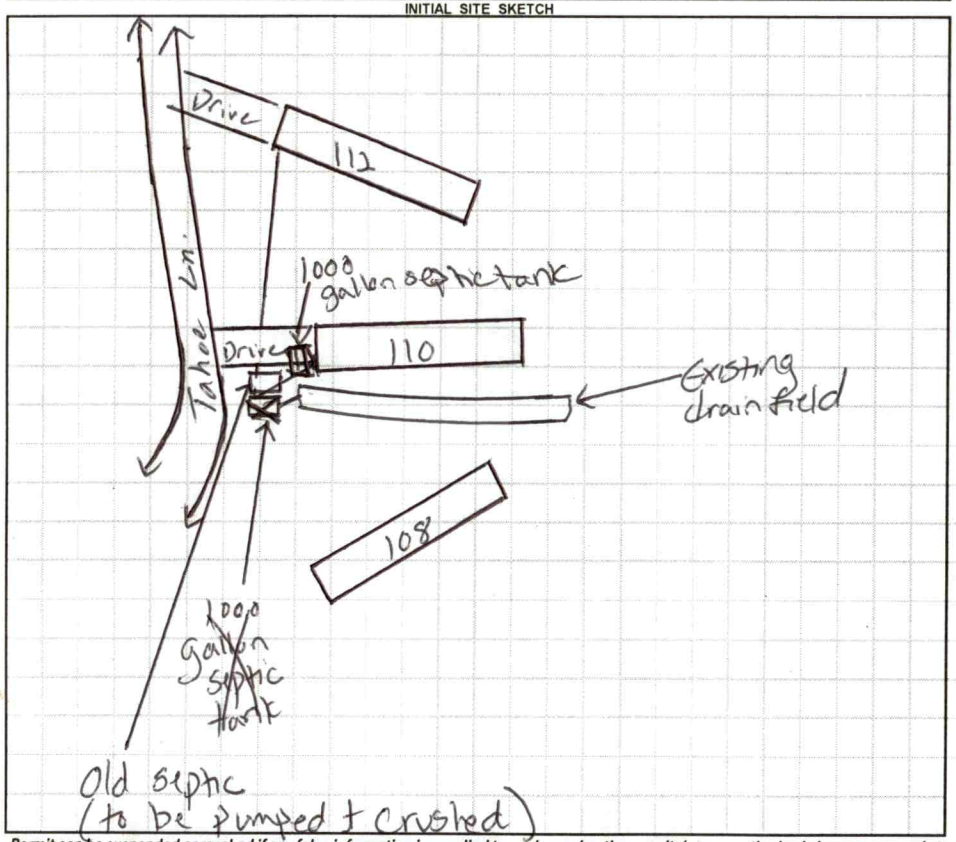
SUBDIVISION: SECTION: N/A LOT # 110 & 112 LOT AREA: 14.29 DESIGN FLOW: 360gpd L.T.A.R.: Existing

Septic Tank	1000 (gal)	STB	760	Date	4-78	☐ New System	☑ Repair ✓	☐ Expansion	System Type: I	II	III IV V VI
Pump Tank	(gal)	PT		Date		System Description:					
Pump Make		Model		Serial #		Repair System Description:	TANK				
# Nitrification Fields	Gx	# Lines	Gx	Linear Ft:	Gx	Maintenance Agreement Required:	☐ YES	☑ NO			
Trench Width	Gx	Max. Trench Bottom Depth	Gx	Gravel Depth	Gx		☑ GRAVITY	☐ PRESSURE			

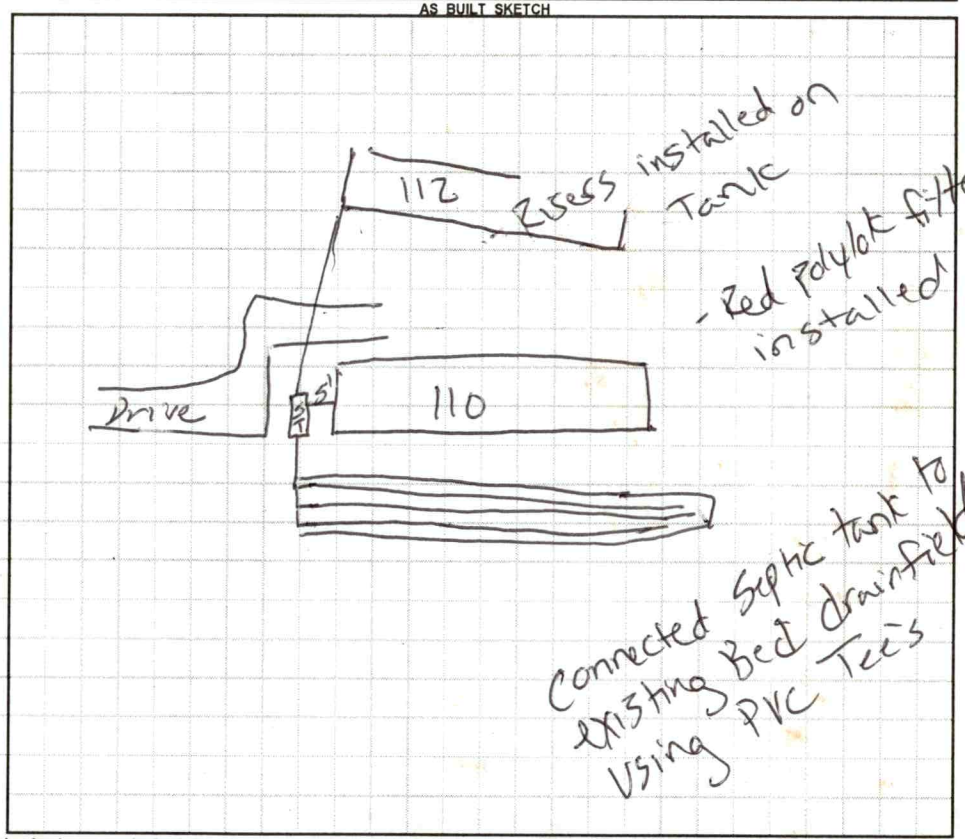
☑ Residence	No. Bedrooms	3	**Water Supply**
☐ Business	No. Persons		☐ Private
☐ Other	No. Employees		☐ Public
☐ Slab	☐ Crawl Space		☑ Community
☐ Basement w/plumbing			☐ Basement w/o plumbing

Comments / Conditions: Install a 1000 gallon septic tank at location shown below to connect to the existing drainfield.

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. ☑ **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: Kelly Carrigan Date: 8-8-13 Installed by: Lentz Septic

IMPROVEMENT PERMIT by: Justin Henderson Date: 8-7-13 OPERATION PERMIT by: Justin Henderson Date: 8-13-13

AUTHORIZATION TO CONSTRUCT by: Justin Henderson Date: 8-7-13 Existing System Inspected by: Date:

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

Jerry Lyons said tank has to be Replaced EH

Iredell County
Planning & Enforcement
349 N. Center St. PO Box 788
Statesville, NC 28687
704-878-3113

Zoning Permit
Permit Number: 180318ZO

Printed: 8/5/2013

Master #: 180318

Associated Permits:
180318ZO Zoning

Applicant
Name: Kelly B & Juell B Carrigan
Address: 132 Carrigan Road
Troutman, NC 28166
Phone: 704-528-5316

Parcel
Parcel Number: 4741409550.000
Address: 110 TAHOE LN
TROUTMAN, NC 28166
Subdivision: B & J MHP
Directions to Parcel:
Zoning: TROUTMAN
Township: 1600
Area:
Lot(s): 110

$ PAID 6395

Owners
Name: Kelly B & Juell B Carrigan
Address: 132 Carrigan Road
Troutman, NC 28166
Phone: 704-528-5316

$340

Contractors

Fees and Receipts:

Number	Description	Amount
	Permit	$75.00
	Eval.	60.00
	Total Fees:	**$0.00**
		135.00
	Total Receipts:	**$0.00**

Conditions
Date: **Status:** **Code:**

IREDELL COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION

Application for IMPROVEMENT PERMIT , AUTHORIZATION TO CONSTRUCT, or EXISTING SYSTEM INSPECTION

(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 (✓) BOTH ___ 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 #
Kelly Carrigan	132 Carrigan Road	7045285316	
Owner Name	**Mailing Address**	**Home Phone #**	**Alternate Phone #**
Kelly Carrigan	110 Lake Lane		

4. Property Information:

Street Address	Subdivision Name	Section/Phase and Lot Number
110 Lake Lane	B&J Mobile Home Park	110 Lake Lane

Driving Directions: 21 south of Troutman 1 mile Carrigan Road
turn right go to crossroad take left 2nd on left.
J Lipsky has been out to site

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

( ) New, Single Family Residence
( ) New, Multi-Family Residence
( ) Expansion of Existing Septic System
( ) Repair To Failing Septic System due to Tank caved in.
( ) Other

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

(✓) 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 in 70's (YEAR)

( ) Alternative ( ) Conventional ( ) Innovative ( ) Modified Conventional ( ) Other_____ ( ) No Preference

8. 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. 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: Kelly Carrigan — 8-5-13
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) — DATE

IREDELL COUNTY HEALTH DEPARTMENT

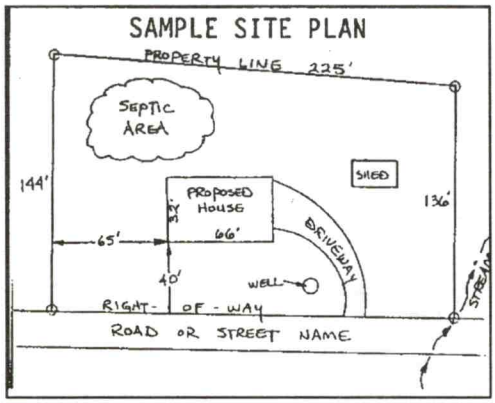
ENVIRONMENTAL HEALTH DIVISION

PAGE 2: *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**
- **( ) Front and side setbacks from property line**
- **( ) Preferred driveway location and well location**
- **( ) Area you prefer your septic system to be placed**
- **( ) North arrow, or other sufficient indicator of direction**

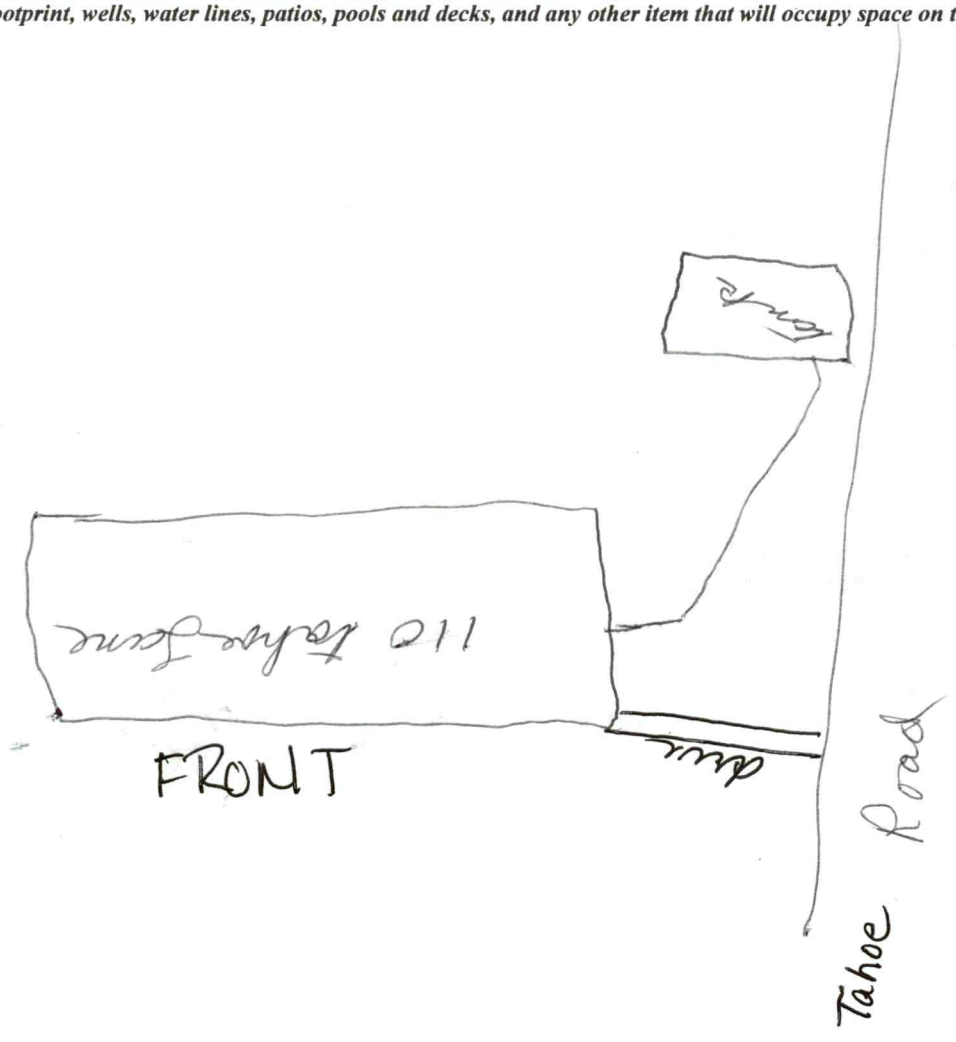


Circle N/A on the following if appropriate:

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

Show: proposed house or business footprint, wells, water lines, patios, pools and decks, and any other item that will occupy space on the site



Signature: Kelly Carrigan

Property owner or owner's legal representative signature (SIGNATURE REQUIRED)

8-5-13

DATE