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 ✓ 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:

Bruce Porter	2143 Mocksville Hwy Statesville NC 28625	704-878-9314	704-902-3124
Applicant Name	Mailing Address	Home Phone #	Alternate Phone #
Luke Porter	671 Turnersburg Hwy Statesville NC 28625	704-402-9489	Same
Owner Name	Mailing Address	Home Phone #	Alternate Phone #

4. Property Information:

671 Turnersburg Hwy Statesville NC 28625 (Street Address) | ___ (Subdivision Name) | ___ (Section/Phase and Lot Number)

Driving Directions: 21 North, ½ mile past Food Lion on Left, just before Barkers Store.

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 ___

Maximum Number of Bedrooms 3
Maximum Number of Occupants 4
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 1983 (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: Luke Porter — 11-3-15

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

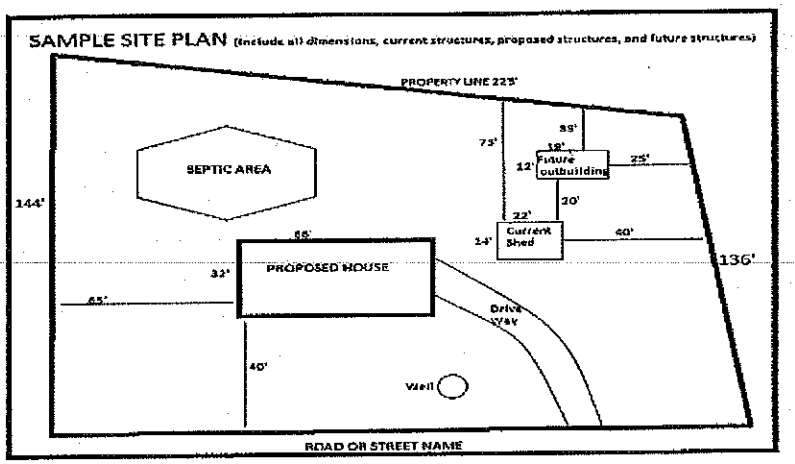
X **Front and side setbacks from property line...** X **Preferred driveway location and configuration, preferred well location...**

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

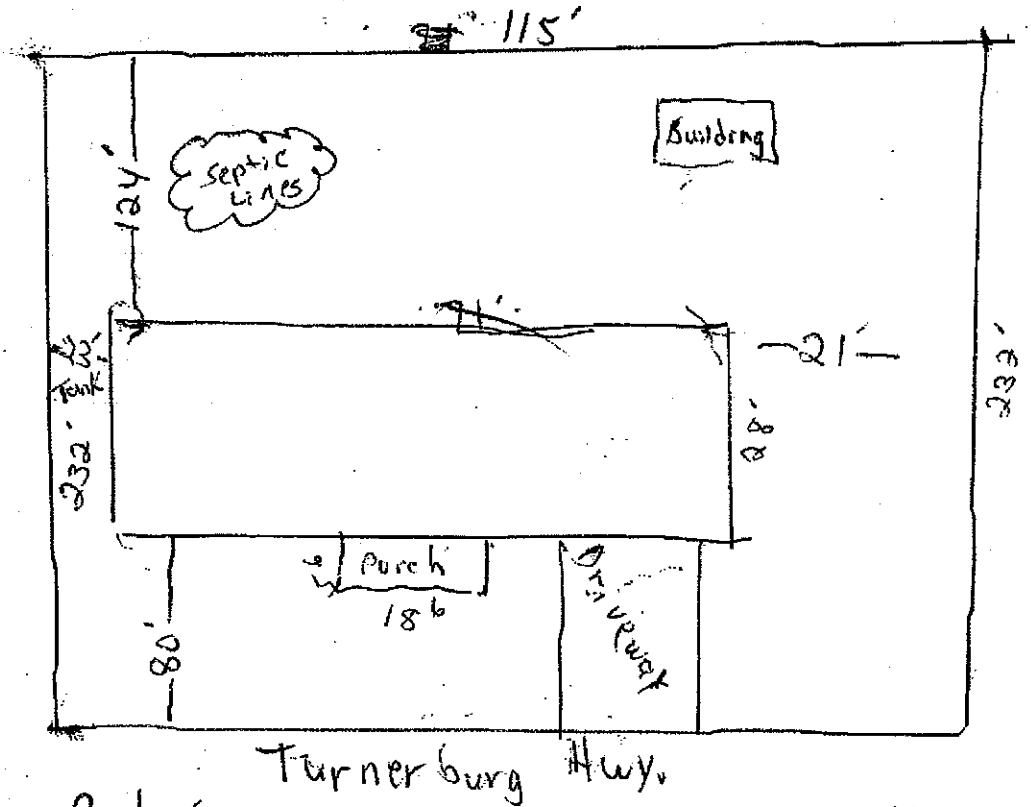
Circle N/A on the following if appropriate:

____ **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: Luke Porter

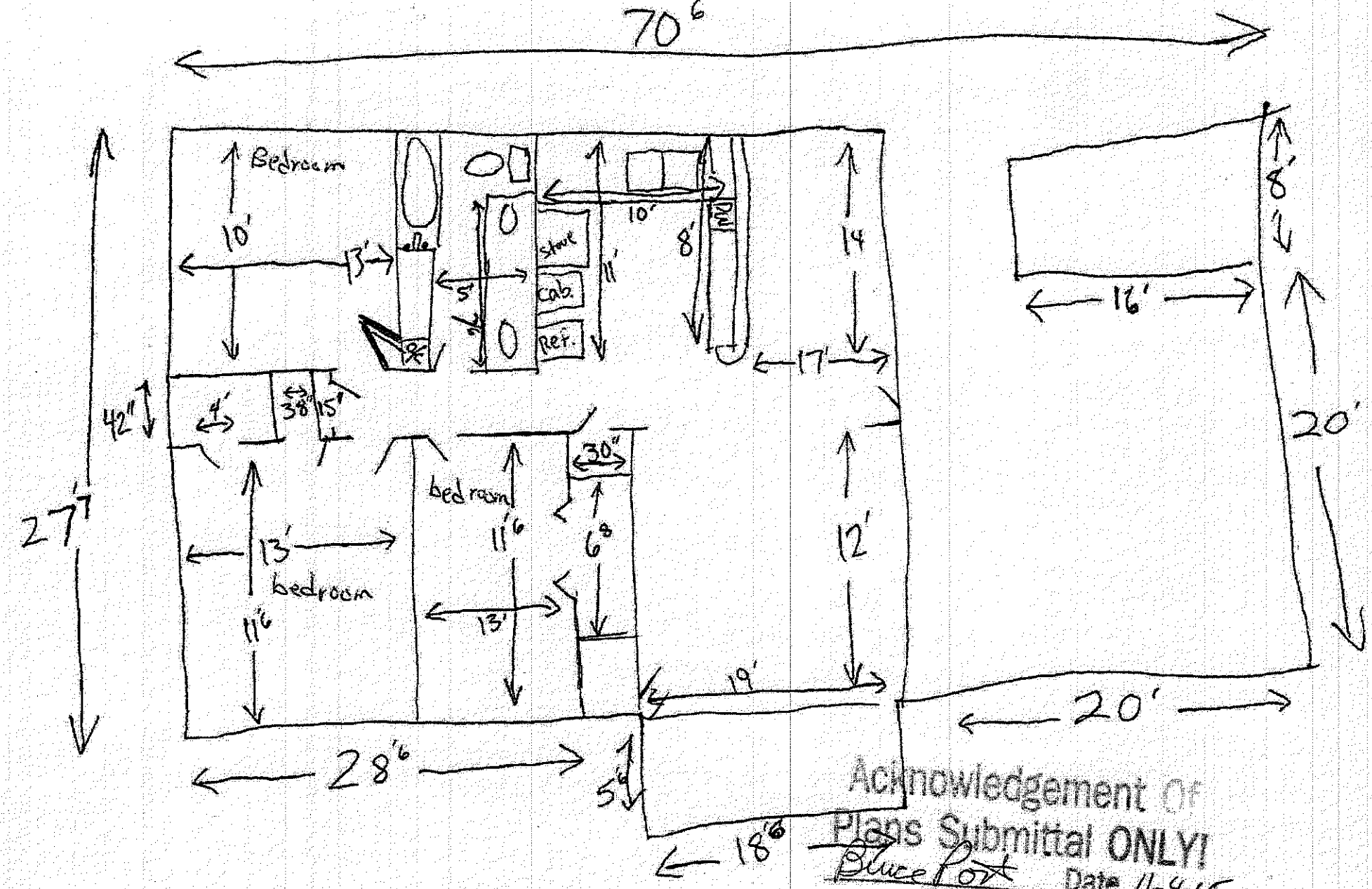
REQUIRED **property owner or owner's legal representative signature.**

11-3-15

DATE

23 to line

21 to line



Acknowledgement of Plans Submittal ONLY!

Bruce Fox Date 11-4-15

Josh Alexander Date 11-12-15

Justin Henderson

From: Brady Freeman
Sent: Wednesday, November 4, 2015 11:15 AM
To: Adrian Pruett; Heath Snow; Justin Henderson
Subject: FW: Residence destroyed by fire

FYI.....

Brady Freeman

From: Mckinney, Alan H [mailto:alan.mckinney@dhhs.nc.gov]
Sent: Wednesday, November 4, 2015 10:47 AM
To: Brady Freeman
Subject: Residence destroyed by fire

Brady,
Recapping your scenario from yesterday:

- Residence destroyed by fire
- Application made to reconnect to an existing septic system
- Existing system has a OP without a number of bedrooms specified
- No documented history of the septic system failing
- Applicant has given documentation of the number of bedrooms that existed within the residence
- System meets setbacks and is served by public water
- System is on property owned and controlled by the owner

Reconnection should be approved for the number of bedrooms that was previously in the residence.

Let me know if you has more questions or need further clarification.
Alan

Alan M°Kinney
N.C. Department of Health and Human Services
Regional Soil Scientist, Onsite Water Protection Branch, Division of Public Health
PO Box 1972
Boone, NC 28607
Office/mobile: 828-764-5076
alan.mckinney@dhhs.nc.gov
http://ehs.ncpublichealth.com/oswp/

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611 Turnersburg Hwy 27

IREDELL COUNTY HEALTH DEPARTMENT

(SEPTIC TANK) IMPROVEMENTS PERMIT AND CERTIFICATE OF COMPLETION
(Ground Absorption Sewage Disposal System -- G. S. Chapter 130-Article 13C)

OWNER OR CONTRACTOR MATT CONNOLLY DATE 1-14-83 PERMIT NO. _____

PHONE: Business _____ Home _____

LOCATION US 21 north - 9th house on left past white Sales.

S. R. No. _____

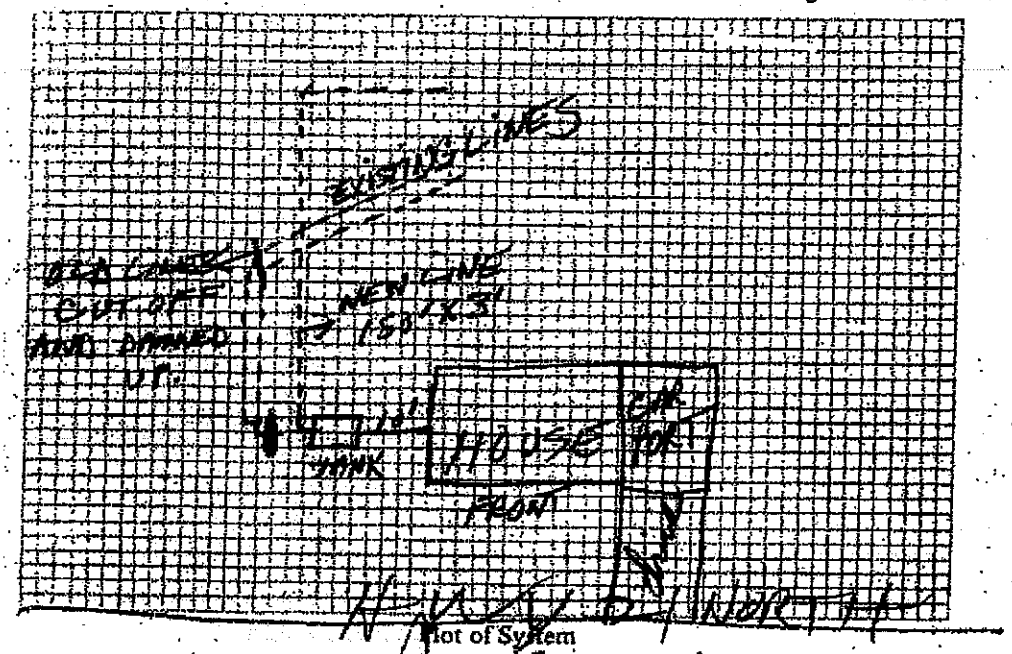
SUBDIVISION NAME _____ LOT NO. _____ SECTION OR BLOCK NO. _____

House (✓) Mobile Home ( ) Business ( ) Other Repair + relocation.

No. Bedrooms _____ No. Bathrooms _____
Garbage Disposal Unit Yes ( ) No ( )
Auto. Dishwasher Yes ( ) No ( )
Auto. Wash. Machine Yes ( ) No ( )
Site Suitable Yes ( ) No ( )
Lot Area Ample

Character & Porosity of Soil cecil clay loam
Percolation Rate 60 gal/sq ft
Topography 2-6%
Depth to Water Table 10'+
Rock or other impervious formations none observed.

_____ Basement with Plumbing _____ Basement without Plumbing ✓ No Basement



Plot of System

Size of Tank EXISTING Gals.
Nitrification Field:
No. of Lines 1
Sq. Ft. 450 Linear Ft. 150
Depth of Stone in Lines 12
Water Supply: Individual ( )
Public (✓)

Installed by Wes Lytton

I understand and agree to install septic tank system as specified on this Improvements Permit.

Signed: _____

IMPROVEMENTS PERMIT BY J. C. Moore

COMMENTS: New tee installed in tank.

CERTIFICATE OF COMPLETION BY Steve Brown DATE 1-14-83

EXISTING SYSTEM CHECKED BY: _____ DATE _____

CONSTRUCTION MUST COMPLY WITH ALL OTHER APPLICABLE STATE AND LOCAL REGULATIONS.

Permit is VOID if any unauthorized changes are made in installation of system and/or if any false information is supplied in making Improvements Permit.

Health Dept. Copy: White Inspection Dept. Copy: Yellow Sanitarian's Copy: Pink Owner's Copy: Gold