IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625

PERMIT # 227942

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

PIN # 4746-64-2072

APPLICANT/OWNER: Michael B. Moore APPLICANT ADDRESS: 1022 Union Ridge Roaring River, NC 28663

SITE ADDRESS: 115 Robinhood Loop Statesville, NC 28625 PHONE: 704-682-6867 ALT. PHONE

SITE DIRECTIONS: Rt 21 N from Statesville → R on Jane Sowers Rd → L on Robinhood → House on left SAP CONTROLLED: ☐ YES ☒ NO

SUBDIVISION: Sherwood Forest Development SECTION: — LOT # 7 LOT AREA: ≈0.40 acres DESIGN FLOW: 360 GPD L.T.A.R.: —

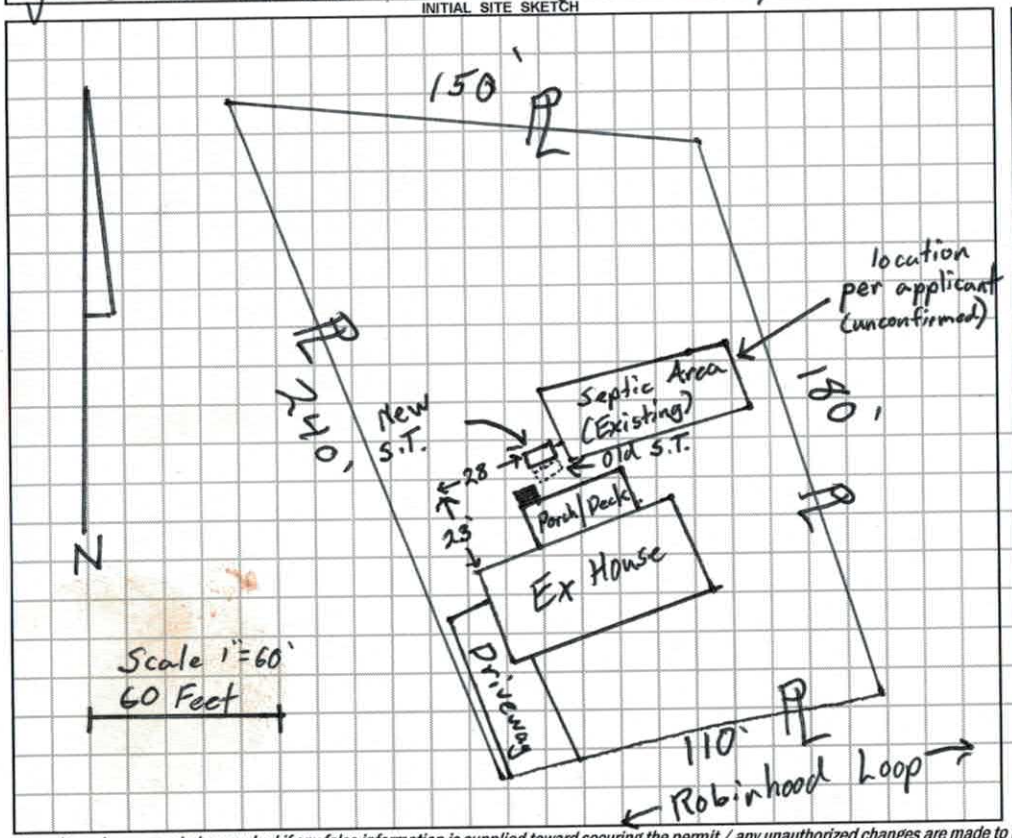
Septic Tank	1000-GST (gal)	STB	160	Date	3-29-17	☐ New System	☒ Repair	☐ Expansion	System Type: I (II) III IV V VI	☒ Residence	No. Bedrooms 3
Pump Tank	— (gal)	PT	—	Date	—	System Description:	Abandon existing septic tank and			☐ Business	No. Persons 6
Pump Make	—	Model	—	Serial #	—	Repair System Description:	install new tank as requested			☐ Other	No. Employees
# Nitrification Fields	Ex	# Lines	Ex	Linear Ft	Ex	Maintenance Agreement Required:	☐ YES	☒ NO		☐ Slab	☒ Crawl Space
Trench Width	Ex	Trench Bottom Depth(Low side)	Ex	Gravel Depth	Ex	☒ GRAVITY	☐ PRESSURE			☐ Basement w/plumbing	☐ Basement w/o plumbing

Water Supply: ☐ Private ☒ Public ☐ Community

Comments / Conditions: Old septic tank to be pumped, limed, and either 1) Crushed in place 2) Hauled away or 3) Filled with clean + flowable fill that is essentially self leveling (sand, cement or gravel). New tank to be installed adjacent old septic tank.

Recommend pumping septic tank every 3-5 years.

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: Kevin Bowles Date: 6-16-17 Installed by: K+M Grading - Kevin Bolus

IMPROVEMENT PERMIT by: Tom Shuck Date: 6/15/2017 OPERATION PERMIT by: Benjamin A. Bolton Date: 6/26/2017

AUTHORIZATION TO CONSTRUCT by: Tom Shuck Date: 6/15/2017 Existing System Inspected by: Date:

117 Bogue

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

22942

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 #
Michael B Moore	1022 Wagon Ridge Rd Roaring River NC 28669	704-682-6867	
Owner Name	**Mailing Address**	**Home Phone #**	**Alternate Phone #**
Michael B Moore	1022 Wagon Ridge Rd Roaring River, NC 28669	704-682-6867	

4. **Property Information:**

Street Address	Subdivision Name	Section/Phase and Lot Number
115 Robinhood Ln Statesville, NC 28625	Sherwood Forest	

Driving Directions: Take first road to the left off of Jane Sowers road when coming from HWY 21. 2nd house on the left, ranch style home

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 Tank collapse
( ) Other

Maximum Number of Bedrooms 3
Maximum Number of Occupants ___
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 ____ *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.

Kevin Powell of Powell Septic will pick up the permit

9. Signature: Michael B Moore
Property owner or owner's legal representative signature (SIGNATURE REQUIRED)

6/13/17
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

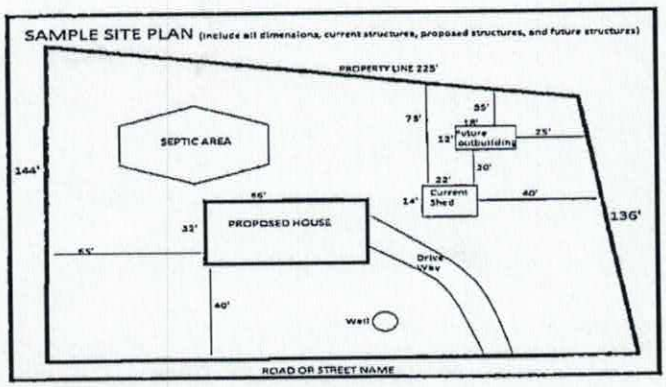
_____ **Front and side setbacks from property line...** _____ **Preferred driveway location and configuration, preferred well location...**

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

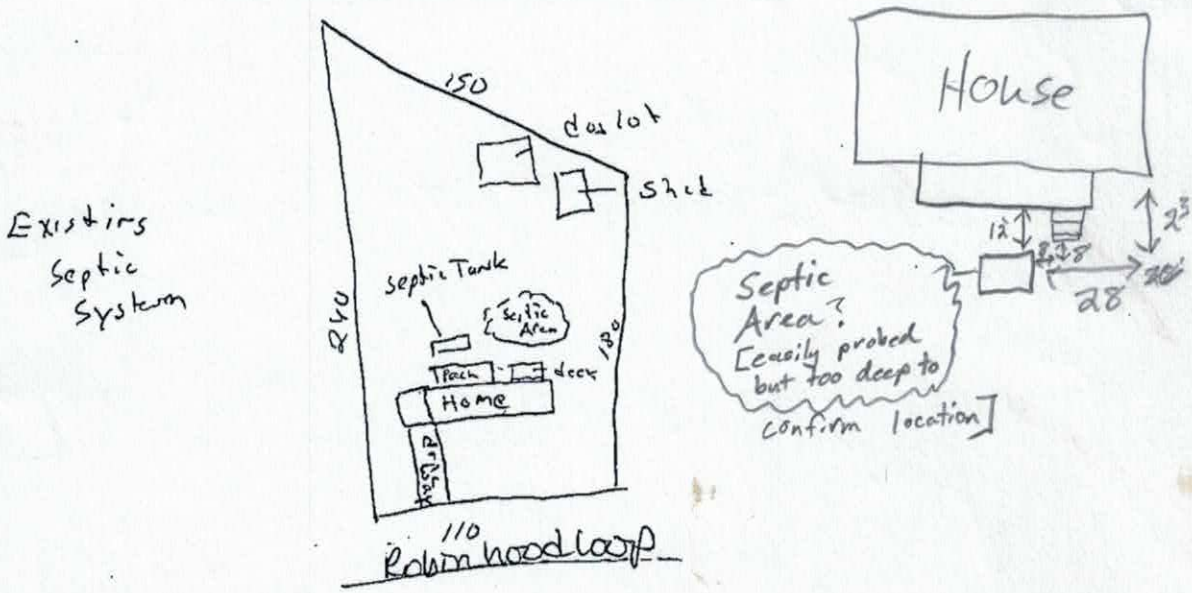
Circle N/A on the following if appropriate:

_____ **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



Signature: NOBZ
REQUIRED property owner or owner's legal representative signature.

6/13/17
DATE