IREDELL COUNTY HEALTH DEPARTMENT - *ENVIRONMENTAL HEALTH* ☒ STATESVILLE OFFICE 704-878-5305 ☐ MOORESVILLE OFFICE 704-664-5281

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

PERMIT # Repair PIN # 4747-92-3095 DATE 10-7-11

OWNER Charles M Knox APPLICANT: PHONE: Home/Cell # 704-574-1309 Business #

SITE ADDRESS 218 Jennings Rd OWNER / APPLICANT ADDRESS 222 Ingram Rd.

SITE DIRECTIONS 77N to exit 54 turn (R), (L) on Jennings - brick house on right

SUBDIVISION Bowden & Murdock BLOCK / SECTION n/a LOT # 1 LOT AREA 2.27 Ac DESIGN FLOW 360 L.T.A.R. Ex.

Septic Tank 1000 Gallons: STB 1012 Date 6-A-11
Pump Tank Gallons: P T Date
Pump Make Model Serial #
No. Nitrification Fields: 1 No. Lines Ex Linear Feet Ex
Trench Width Ex. Max. Trench Bottom Depth Ex. Gravel Depth Ex

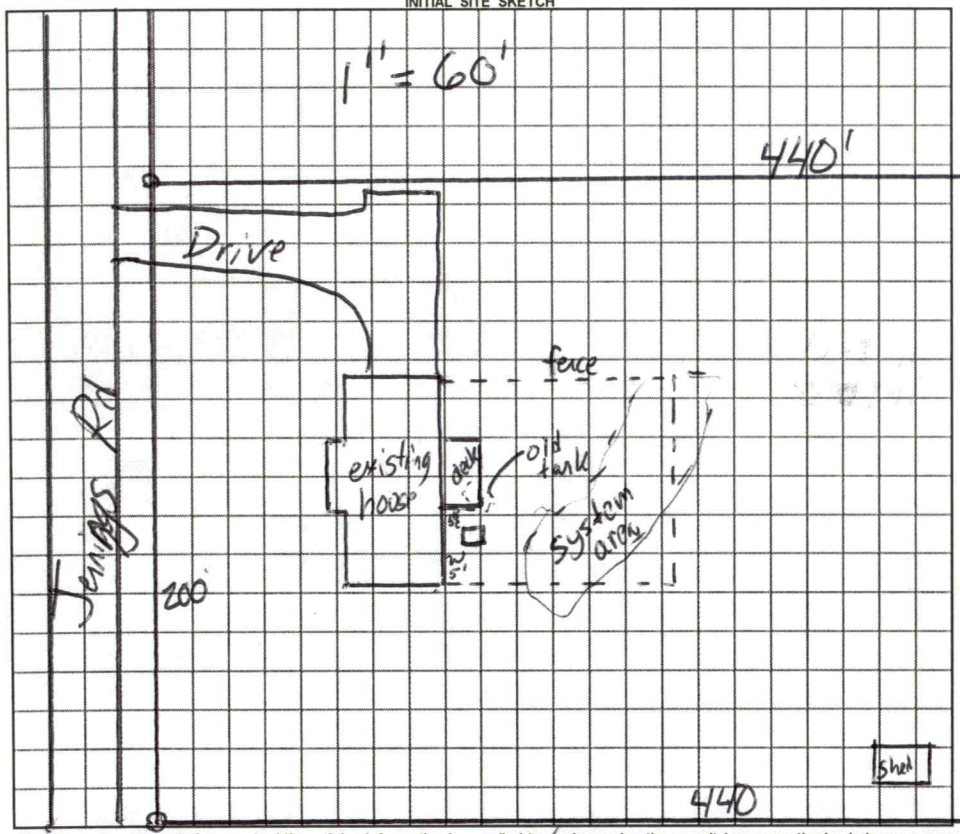
☐ New System ☑ Repair ☐ Expansion System Type I (II) III IV V VI
System Description:
Repair System Description: TANK
Maintenance Agreement Required ☐ YES ☒ NO
☒ GRAVITY ☐ PRESSURE

☒ Residence ☐ Business ☐ Other ☐ Slab ☐ Crawl Space
No. Bedrooms 3 No. Persons No. Employees
☒ Basement w/plumbing ☐ Basement w/o plumbing

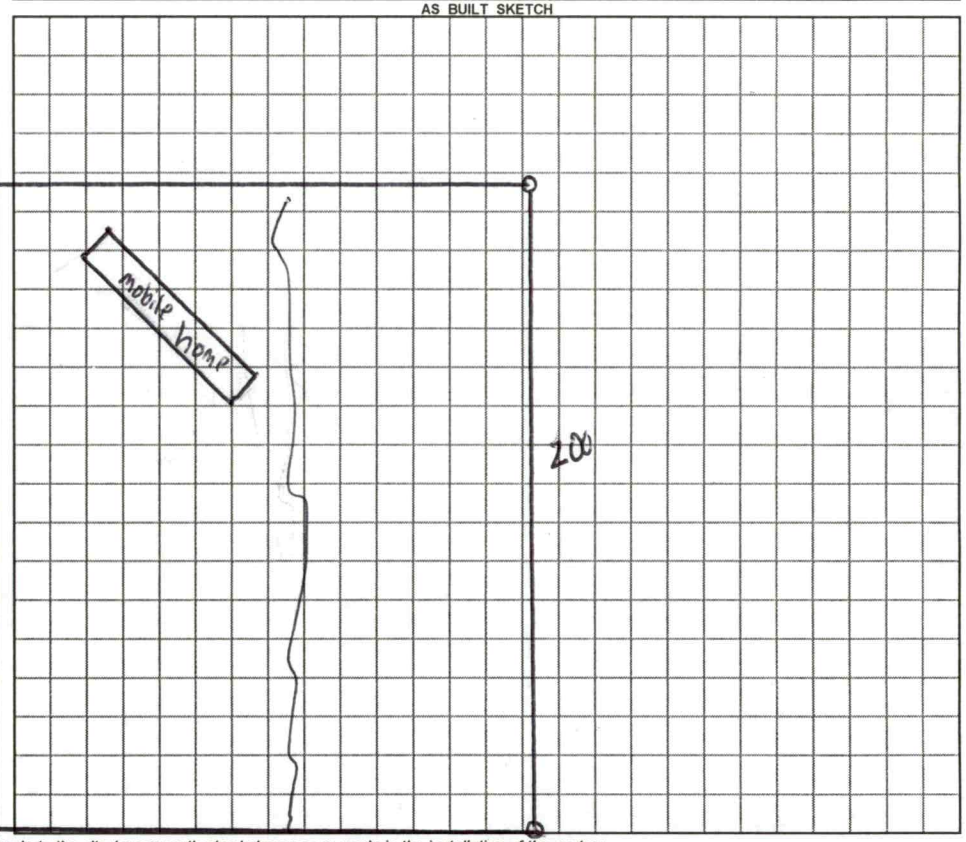
Water Supply
☐ Private ☑ Public ☐ Community

Comments / Conditions: Crush & fill old tank or fill tank completely
New tank to be pt

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 plat valid without expiration. ☒ ***IMPROVEMENT PERMIT*** with plat valid without expiration. site plan valid 60 mo. ☒ ***AUTHORIZATION TO CONSTRUCT*** valid for period equal to IMPROVEMENT PERMIT--not to exceed 60 mo.

Owner / Applicant Signature: Date 10-11-11 Installed by:

IMPROVEMENT PERMIT by: REHS Date 10-7-11 OPERATION PERMIT by: REHS Date 10-12-11

AUTHORIZATION TO CONSTRUCT by: REHS Date 10-7-11 Existing System Inspected by: REHS Date

YOU SHOULD CONTACT A LOCATOR SERVICE PRIOR TO ANY EXCAVATION

White Copy – Environmental Health YELLOW COPY (Final) Owner / Applicant PINK COPY (Initial) Owner / Applicant

34A

IREDELL COUNTY HEALTH DEPARTMENT

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

IMPROVEMENT PERMIT / CERTIFICATE OF COMPLETION / OPERATION PERMIT / EXISTING SYSTEM INSPECTION

PROPERTY DESCRIPTION NO 2005 L DATE 1-13-95 TAX MAP NO. 106-2-A-34A Watershed ☐ Yes ☐ No

OWNER OR CONTRACTOR Martha Ann Goble PHONE: Business Home 876 1766

ADDRESS 218 Jennings Rd Sta

LOCATION T.L. #2 T.L. Jennings Rd behind 16-4 Hse on Rt.

SUBDIVISION Brandywine BLOCK SECTION A LOT 34A LOT AREA 2.2 Macres SITE CLASS PS DESIGN FLOW 360 L.T.A.R. .5

Septic Tank 1200 Gallons 1994 Date 1-23-95

Pump Tank Gallons Date

Pump Make Model Serial No

Distribution Field Number 1 Square Feet 1200 Linear Feet 400

No Lines 4 Trench Width 36" Max Trench Bottom Depth 24" Gravel Depth 12"

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

System Description: Conv. Gravity

Repair System Description

Maintenance Agreement Required: ☐ Yes ☐ No

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

No. Bedrooms 3 No. Bathrooms 2 No. Employees

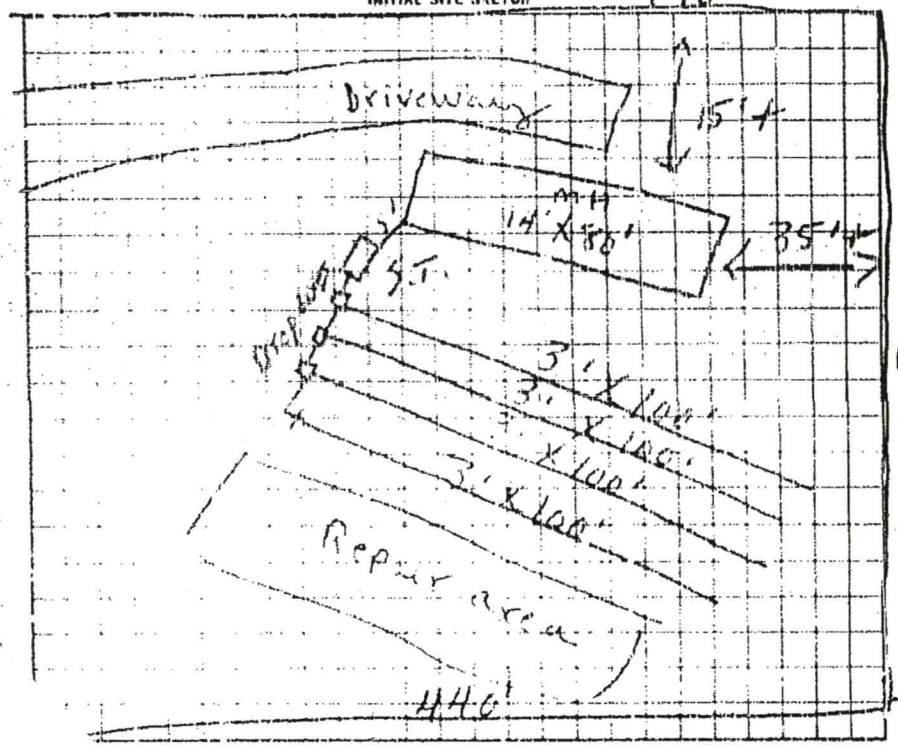
☐ Slab ☐ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☐ Individual ☐ Community ☐ Public

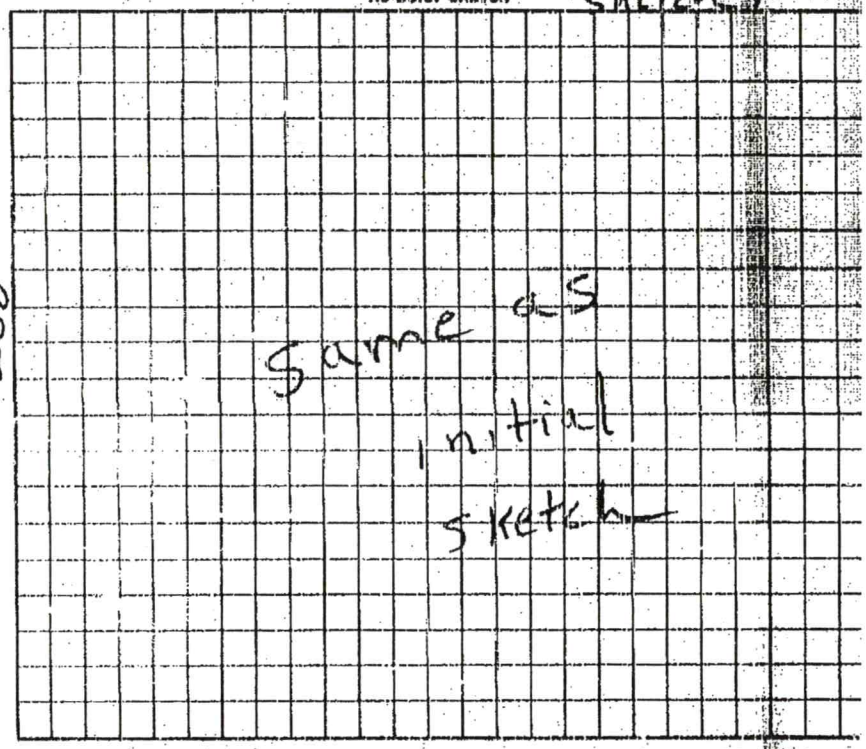
Comments:

Comments: Mobile Home was Not on Site at Time of This Inspec Keep Proper distance from Septic Tank System as shown on sketch.

INITIAL SITE SKETCH



AS BUILT SKETCH



Note: this 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. Permit is valid for 60 months from date of issuance.

Authorized Agent F. C. Moore date 1-13-95

date

Installed by: James Hutler

Certificate of Completion by: F. C. Moore date 1-23-

Operation Permit by: date

WHITE COPY (FINAL) GREEN OWNER COPY (FINAL) YELLOW INSPECTION COPY (INITIAL) PINK OWNER COPY (INITIAL) GOLD

APR. 2, 1989 19:12

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 #
BOB KNOX	222 Ingram Rd Statesville NC	7045741309	
Owner Name	Mailing Address	Home Phone #	Alternate Phone #
Charles Mark KNOX	3300 Old Fort Rd Chapin SC. 29036	8039242151	

4. Property Information:

Street Address	Subdivision Name	Section/Phase and Lot Number
218 Jennings Rd.	Statesville NC	

Driving Directions: 77 to Exit 54 (Hwy 21) Left Jennings Brick House 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
(✓) Repair To Failing Septic System due to Collapsed TANK
( ) Other

Maximum Number of Bedrooms ___
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)* (4) Existing system--installed in ___ *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: Bob Knox 9/30/11
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

PAID SEP 30 2011
$135.00 Cash Cad