IREDELL COUNTY HEALTH DEPARTMENT

Application For Improvement Permit and/or Authorization To Construct, 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 X BOTH ___Existing System Inspection

2. Page 2: *Site Plan Worksheet* Form MUST Accompany This Application
   The following optional attachments may also be submitted: X 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	Work Phone
JOHN - CATHY MURPHY	136 VAN DAILA	(704) 664-3827	(704) 677-3771
Owner Name	**Mailing Address**	**Home Phone**	**Work Phone**
SAME	SAME		

4. **Property Information:** PARCEL # 4752226546 TRACT # 1A

Street Address	Subdivision Name	Section/Phase and Lot Number
TUCKER RD.		

Driving Directions: I-77 S TO EXIT 45 - LEFT 1.5 MILES - TL ON TUCKER - .4 MILES - SITE ON LEFT SIDE JUST BEFORE HURST RD. LOOK FOR STATESVILLE HOUSING SIGN.

****

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

- (X) New, Single Family Residence
- ( ) New, Multi-Family Residence
- ( ) Expansion of Existing Septic System
- ( ) Repair To Failing Septic System

Maximum Number of Bedrooms 3
Maximum Number of Occupants 3
If Expansion, Current Number of Bedrooms ___

- (X) 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:**

(X) 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)*

( ) Alternative (X) Conventional ( ) Innovative ( ) Modified Conventional ( ) Other ___ ( ) No Preference

****

8. **Please Answer The Following To The Best of Your Ability:**

( ) Yes (X) No Does the site contain any jurisdictional wetlands?
( ) Yes (X) No Is any non-domestic sewage (i.e. industry) to be generated?
( ) Yes (X) 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: _____ 24 OCT 2006
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

Jan. 9. 2007 4:00AM STATSVILL HOUSING CTR No. 7335 P. 2

IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 138613 PIN# 4752-22-6546

OWNER OR APPLICANT JOHN MURPHY (Bear) (704) 677-2823 DATE 11/30/06

ADDRESS 115 MOREHEAD RD, STVL, NC 28677 PHONE: Business 704-924-9393 Home: 704-677-2771

LOCATION I-77 SOUTH, (L) AMITY HILL RD., (L) TUCKER RD., LEFT ON DRIVE, JUST BEFORE HURST DR., @ END DOWN LONG DRIVE.

SUBDIVISION N/A BLOCK / SECTION — LOT — LOT AREA 6.22 AC. SITE CLASS PS DESIGN FLOW 360 GPD L.T.A.R. 0.30 GPD/FT2

Septic Tank: 1,000 Gallons: STB ____ Date ____

Pump Tank: ____ Gallons: PT ____ Date ____

Pump Make: ____ Model ____ Serial No. ____

Nitrification Field: No Fields 1 Square Feet 1,200 Linear Feet 400'

No Lines 4@100' Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth 12"

[X] New System [ ] Re Type: I II III IV V VI

System Description: CONVENTIONAL/GRAVITY

Repair System Description: CONV. GRAV./PUMP

Maintenance Agreement Required: [ ] Yes [X] No

[X] House/Mod. Home No. Bedrooms 3

[ ] Mobile Home No. Persons ____

[ ] Business No. Employees ____

[ ] Other ____

Water Supply: [X] Individual WELL [ ] Public [ ] Community

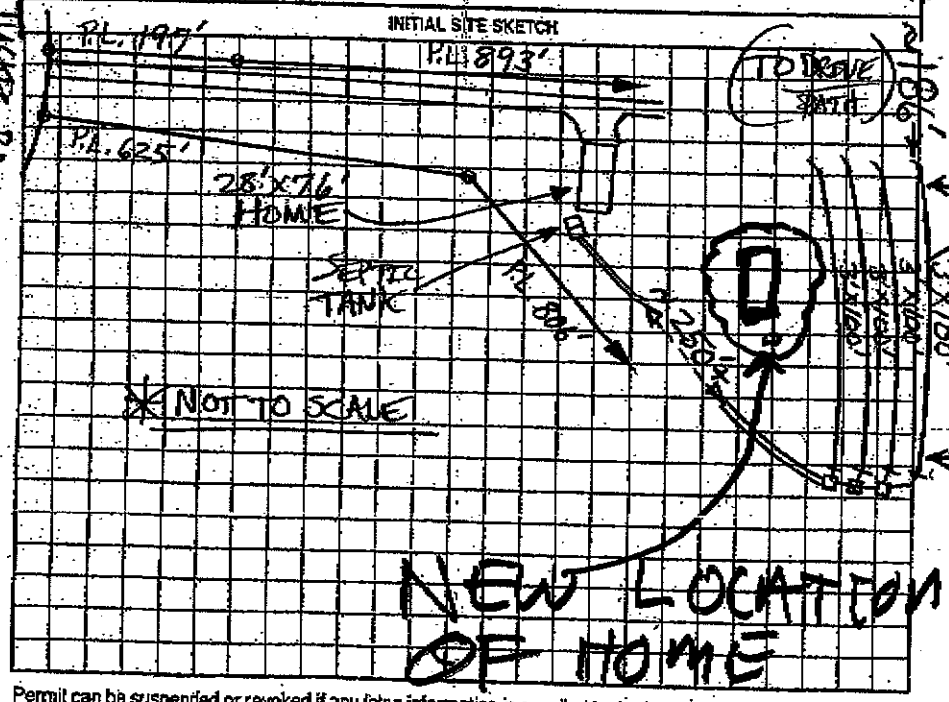
[X] Gravity [ ] Pressure [ ] Slab [X] Crawl Space [ ] Basement w/plumbing [ ] Basement wo/plumbing

Comments/Conditions:

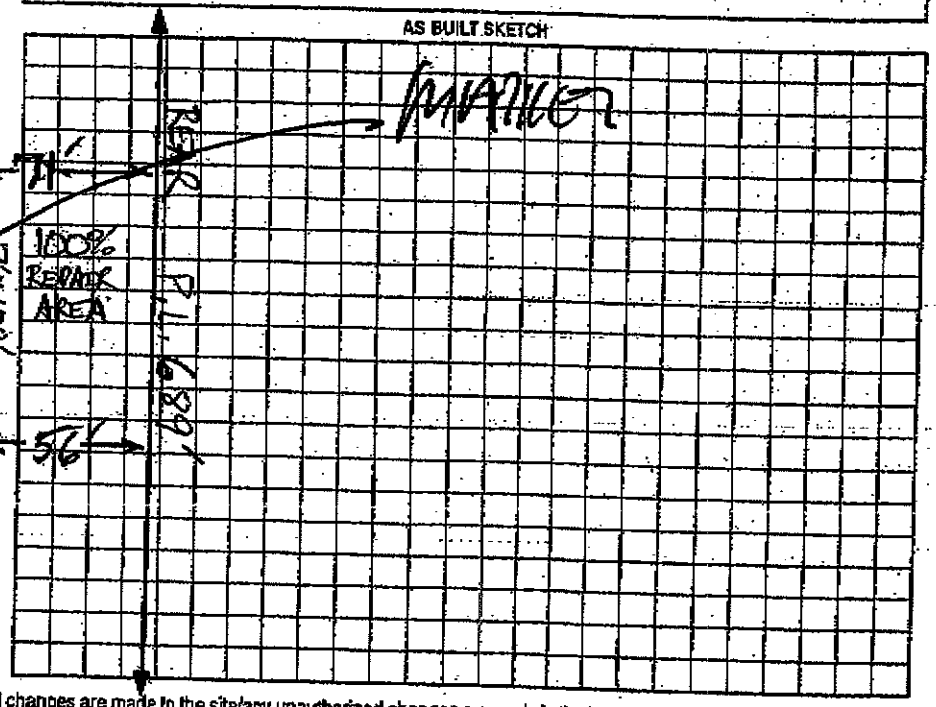
Comments/Conditions:

*AN "ACCEPTED SYSTEM" MAY ALSO BE USED.

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 site plan valid for sixty months [X] Authorization to Construct is valid for a period equal to that of Improvement Permit - not to exceed sixty months.

Signed: ____ date ____ Installed by: ____

Improvement Permit by: [signature] date 11/30/06 Operation Permit by: ____ date ____

Authorization to Construct by: [signature] date 11/30/06 Existing System Inspection by: ____ date ____

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