208124

REDELL COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
Application for SEPTIC REPAIR PERMIT

(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:** Best # to reach

Applicant Name	Mailing Address	Home Phone #	Alternate Phone #
Scott Fernster	170 Danbury LN. Statesville, NC 28625	704-876-6411	704-880-4385
Owner Name	**Mailing Address**	**Home Phone #**	**Alternate Phone #**
Scott Fernster	170 Danbury Ln. Statesville, NC 28625	704-876-6411	704-880-4385

4. **Property Information:**

Street Address	Subdivision Name	Section/Phase and Lot Number
170 Danbury LN	Danbury Forest	Phase S1 Lot 3

Driving Directions: Hwy 21 North from Statesville, right on Jane Sowers Rd., left on Danbury LN. House is 1st house on left just past median.

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

( ) New, Single Family Residence — Maximum Number of Bedrooms 3 — ( ) Crawl Space Foundation?
( ) New, Multi-Family Residence — Maximum Number of Occupants ___ — ( ) Concrete Slab Foundation?
( ) Expansion of Existing Septic System — If Expansion, Current Number of Bedrooms ___ — ( ) Basement w/Plumbing?
(X) Repair To Failing Septic System due to tree root intrusion to lines — ( ) Basement w/out Plumbing?
( ) Other _____

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 1978 *Year*

( ) Alternative ( ) Conventional ( ) Innovative ( ) Modified Conventional ( ) Other _____

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:** Scott W Fernster — 1/28/2015
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) — DATE

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 Fortis Corp. DATE 10-11-78 PERMIT NO. _____

PHONE: Business _____ Home _____

LOCATION Road 2171

S. R. No. _____

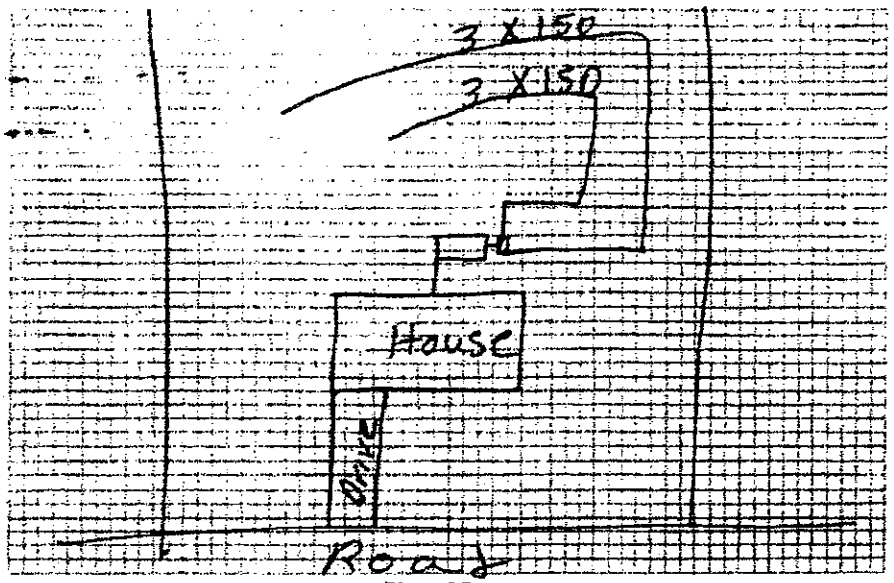
SUBDIVISION NAME Danbury Forest LOT NO. 3 SECTION OR BLOCK NO. _____

House (✓) Mobile Home ( ) Business ( ) Other _____

No. Bedrooms 3 No. Bathrooms 1½

Garbage Disposal Unit	Yes ( )	No (✓)	Character & Porosity of Soil	LfBz	
Auto. Dishwasher	Yes (✓)	No ( )	Percolation Rate	mod	
Auto. Wash. Machine	Yes (✓)	No ( )	Topography	2 to 6%	
Site Suitable	Yes (✓)	No ( )	Depth to Water Table	10'+	
			Rock or other impervious formations	none	

Lot Area ½ acre



Plot of System

Size of Tank 1000 Gals.

Nitrification Field:
No. of Lines 2
Sq. Ft. 900 Linear Ft. 300
Depth of Stone in Lines 10"

Water Supply: Individual ( )
Public (✓)

Installed by Pfaff & Sale

IMPROVEMENTS PERMIT BY Andrew Causey

COMMENTS: _____

CERTIFICATE OF COMPLETION BY R. C. Moore DATE 10-11-78

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

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