IREDELL COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

PAGE 1: *APPLICATION FORM*

Application For: ( ) New Well Permit ( ) Well Repair Permit ( ) Well Abandonment
( ) Septic Improvement Permit ( ) Authorization to Construct (X) Existing System Inspection ( ) Septic System Repair

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.

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 an (X) beside whichever is submitted if applicable ( ) Custom Site Plan, scaled no more than 1 inch = 60 feet

Applicant Information:

Applicant Name: James Pearson Address: 311 LYTTON Street Troutman, Nc 28166 Phone: 704-253-35

Owner Name: James Pearson Address: 311 LYTTON Street Troutman Nc 28166 Phone: 704-253-357

Property Information:

Street Address: 144 Arbor Drive Statesville

Subdivision Name: Forest Acres Section/Phase: _____ Lot Number: 165

Driving Directions: Highway 70 Turn Right on Bethside Road
left on Tree Line Drive, Turn Right at Stop Sign.
144 arbor is on Right.

Site Development Information: *(check or complete ALL that apply)*

( ) New Single Family Residence
( ) New Multi-Family Residence
( ) Accessory Building
( ) Bedroom(s) Addition

Maximum Number of Bedrooms: 2
Maximum Number of Occupants: 3
( ) Swimming Pool
( ) Other Addition/Structure: _____

( ) Crawl Space Foundation
( ) Concrete Slab Foundation
( ) Basement with Plumbing
( ) Basement without Plumbing

Non-Residential Site Development:
Type of Business: _____
Square Footage of Building: _____
Maximum Number of Employee: _____
Maximum Number of Seats/Beds/Other: _____

Water Supply:

Iredell Water

( ) New Well ( ) Existing Well ( ) Community Well ( ) City Water ( ) Other Public Water

Desired Septic System Type: *(you may rank in order of preference)*

Year existing system installed: _____

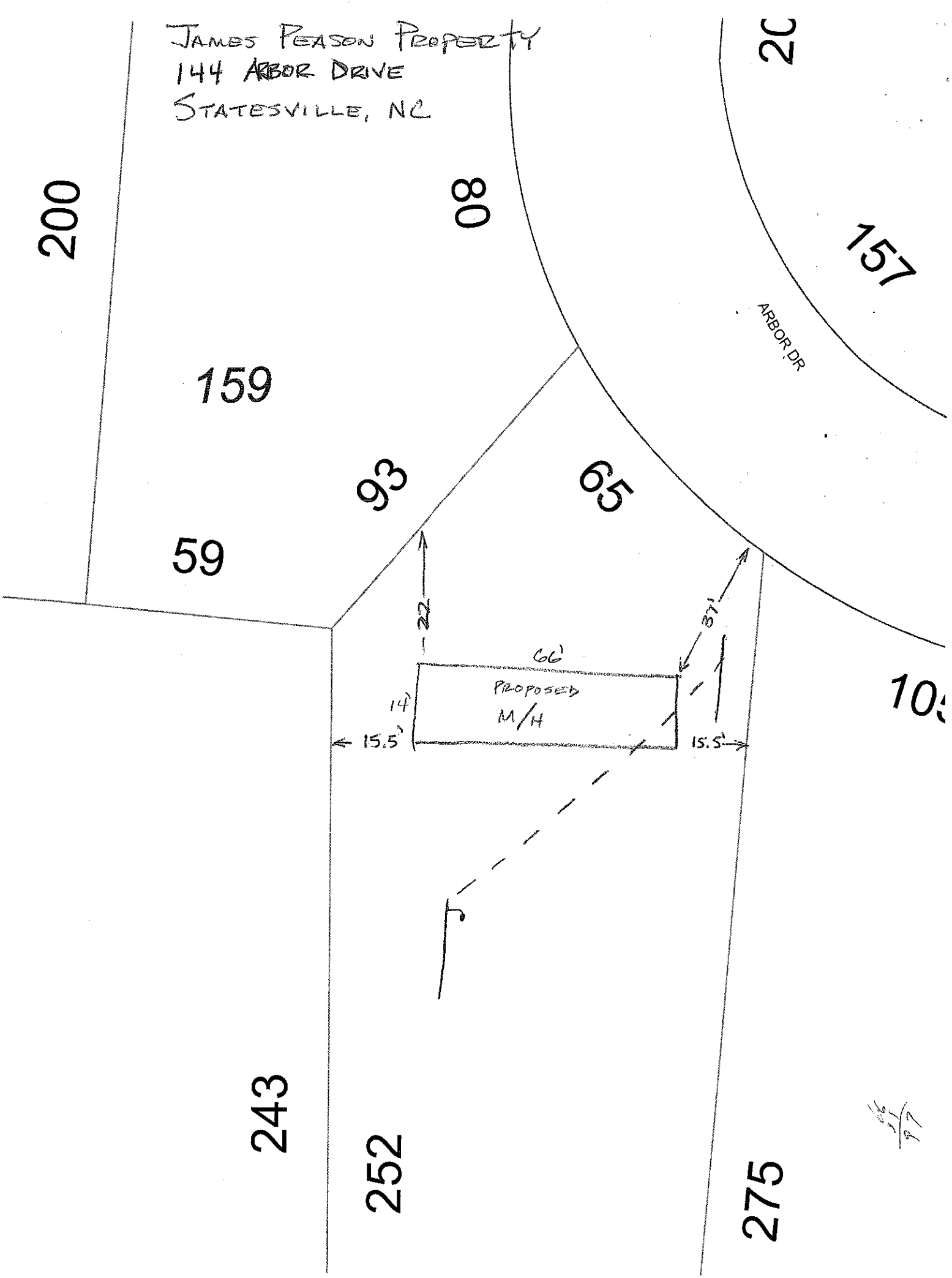
( ) No Preference ( ) Alternative ( ) Conventional ( ) Innovative ( ) Modified Conventional ( ) Other: _____

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. industrial) 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.

Signature: James Pearson 12-22-14
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE


JAMES PEASON PROPERTY
144 ARBOR DRIVE
STATESVILLE, NC
200
08
157
ARBOR DR
159
93
65
59
22'
37'
66'
PROPOSED
M/H
14'
15.5'
15.5'
243
252
275

IREDELL COUNTY HEALTH DEPARTMENT

STATESVILLE 704-878-5305 MOORESVILLE 704-664-6281

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

PERMIT# 105303 PIN 4763-61-0464 DATE 3-22-02

OWNER OR CONTACT PERSON TSUMAS FAMILY LTD. PARTNERSHIP PHONE 704-878-9171

ADDRESS 300 E BROAD ST STATESVILLE NC 28677

LOCATION US 70 E TR MECKSBA TL TRAILING TO ALBOK DRIVE LOT ON RIGHT AT CURVE

SUBDIVISION FOREST ACRES BLOCK / SECTION ____ LOT 165 LOT AREA LIMITED SITE CLASS 1S DESIGN FLOW 300 L/D 0.25 600/75

Septic Tank: ENGINEER Contractor: SITE ____ Date ____

Pump Tank: ____ Bottom, PT ____ Date ____

Pump Make: ____ Model ____ Serial No ____

Ventilation Field: No Pipes 1 Square Feet 540 Linear Feet 180

No Lines TWO Trench Width 36" Max Trench Bottom Depth 30" Slope Percent N/A

Water System: Public Type System: ____ Individual Description 25% REDUCTION, GRAVITY

Repair System Description 50% REDUCTION, LOW Innovative/Alternative Approved Yes NO Permit Conditions

Property Info: Public Water No. Bedrooms 2 Private Well No. Bathrooms 2 Business No. Employees ____ Other ____

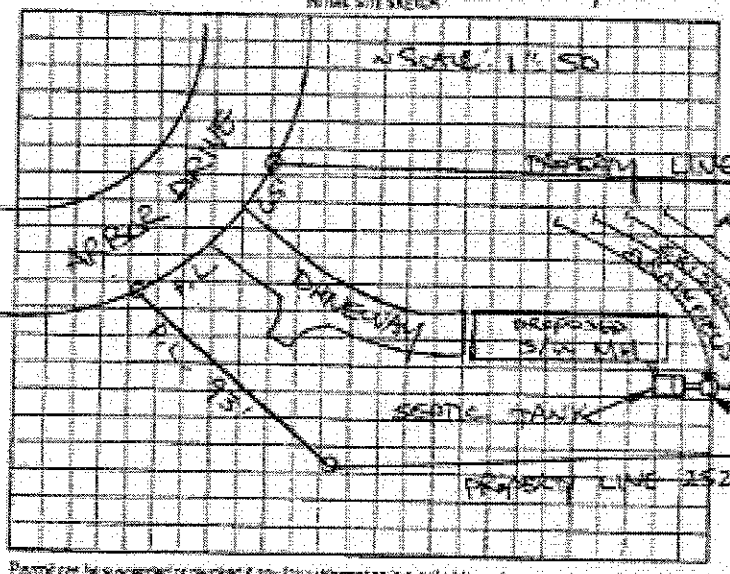
Water Supply: Individual Public Community

Site: Filled Space Basement w/plumbing Basement w/plumbing

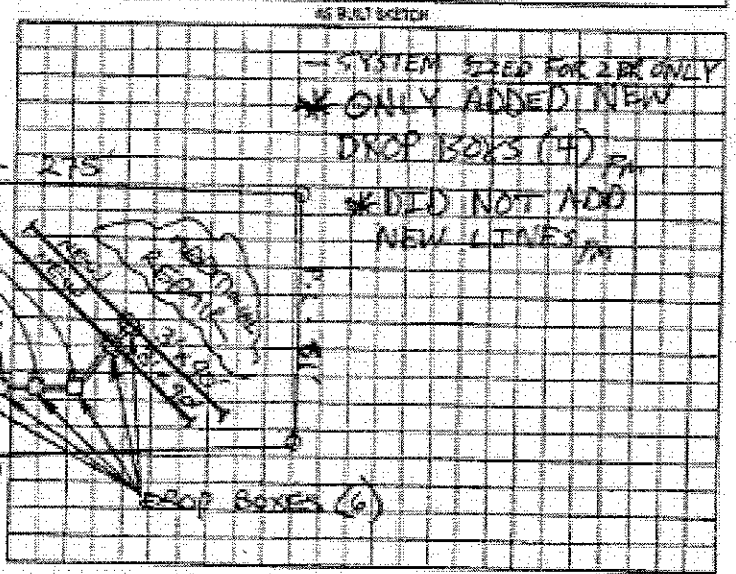
Comments/Revisions: ① RAMP OUT SEPTIC TANK ② REPAIR EXISTING DISTRIBUTION BOX WITH SERIES OF DROP BOXES AS SHOWN ③ INSTALL TWO NEW 3'x 90' LINES USING 25% REDUCTION SYSTEM

Comments/Revisions: — SYSTEM SIZED FOR TWO (2) BDRMS ONLY. DID NOT INSTALL TWO (2) NEW LINES

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 will not be a valid construction authorization. Improvement Permit with site plan valid for sixty months. Authorization to Construct is valid for a period equal to that of Improvement Permit - not to exceed sixty months.

Signed [signature] date 3-25-02 witnessed by LANCE LINGLES

Improvement Permit by: STEVE HENDRICK date 3-22-02 Operation Permit by: [signature] date 09/04/02

Authorization to Construct by: STEVE HENDRICK date 3-22-02 Existing System Inspection by: ____ date ____

HEALTH DEPT. COPY: WHITE OWNER COPY: CANARY YELLOW OWNER COPY: INITIAL PINK