# IREDELL COUNTY HEALTH DEPARTMENT

209070

*ENVIRONMENTAL HEALTH DIVISION*

PAGE 1: *APPLICATION FORM*

**Application For:** ( ) New Well Permit ( ) Well Repair Permit ( ) Well Abandonment
(X) Septic Improvement Permit (X) Authorization to Construct ( ) 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: Kenneth Powers Address: 164 Red Oak Drive, Statesville Phone: 704 902 2744

Owner Name: Same Address: _____ Phone: _____

**Property Information:**

Street Address: 164 Red Oak Drive, Statesville, NC. 28677

Subdivision Name: Forest Acres III Section/Phase: _____ Lot Number: 93

Driving Directions: Salisbury Road to Bethesda Rd. Take Bethesda to Red Oak Drive

**Site Development Information:** *(check or complete ALL that apply)* elevated 24 sq ft 2 bedroom

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

Maximum Number of Bedrooms: 4
Maximum Number of Occupants: 2
( ) Swimming Pool
( ) Other Addition/Structure: _____

( ) Crawl Space Foundation
(X) 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:**

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

**Desired Septic System Type:** *(you may rank in order of preference)* Year existing system installed: 1991

( ) 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: Kenneth Powers
Property owner or owner's legal representative signature (SIGNATURE REQUIRED)

03/11/2015
DATE

# IREDELL COUNTY HEALTH DEPARTMENT

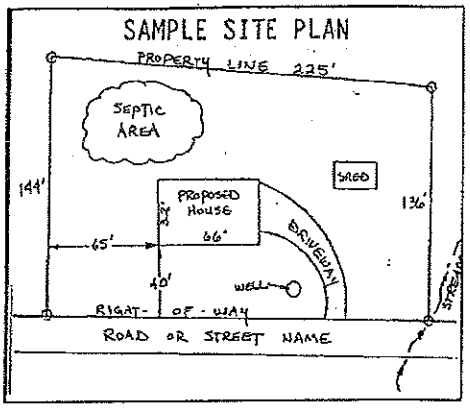
*ENVIRONMENTAL HEALTH DIVISION*

PAGE 2: *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:

- (✓) Property Line measurements are clearly identified
- (✓) All proposed structures are indicated
- (✓) Front and side setbacks from property line
- (✓) Preferred driveway location and well location
- ( ) Area you prefer your septic system to be placed *Existing Septic System*
- (✓) North arrow, or other sufficient indicator of direction

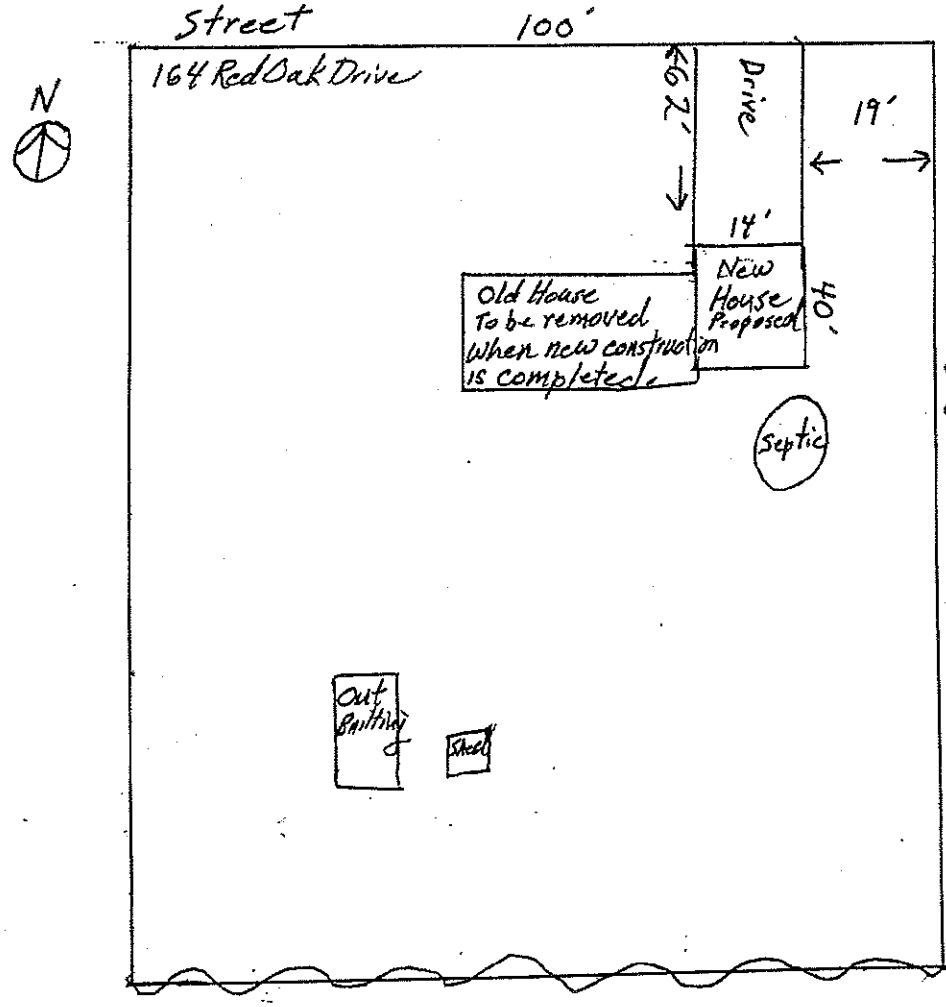



Circle N/A on the following if appropriate:

| | |
|---|---|
| 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

*Show: proposed house or business footprint, wells, water lines, patios, pools and decks, and any other item that will occupy space on the site*




UPON ISSUANCE OF THE C/O FOR THE NEW STRUCTURE THE OWNER SHALL HAVE (30) DAYS TO REMOVE THE OLD HOME (A TEMPORARY C/O WILL BE ISSUED)

W. Allen 3/17/15
WILLIAM ALLEN

Signature: _____ _____

Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

12471

# 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 T+T Co. DATE 3-12-91 PERMIT NO. SK-6-A-20

PHONE: Business _____ Home _____

LOCATION Lot 93 Forest Acres III

S. R. No. _____

SUBDIVISION NAME _____ LOT NO. _____ SECTION OR BLOCK NO. _____

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

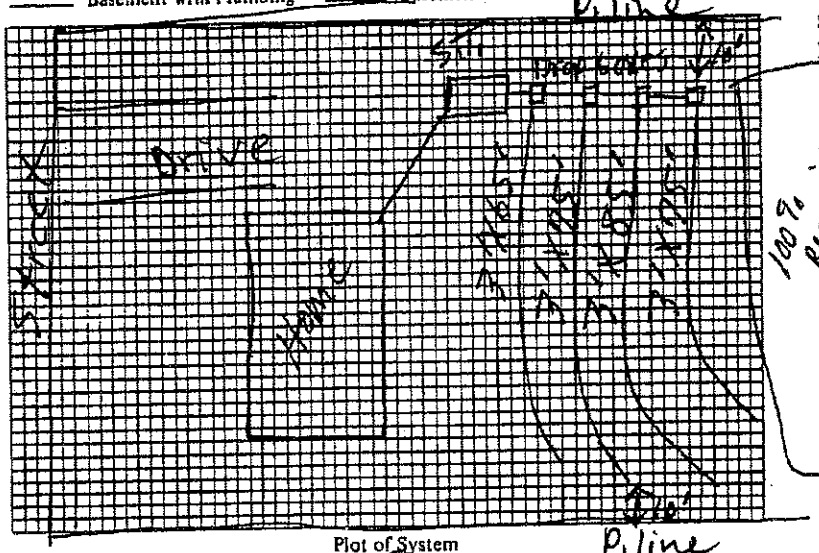
No. Bedrooms 3 No. Bathrooms 2

Garbage Disposal Unit Yes ( ) No (✓)
Auto. Dishwasher Yes ( ) No (✓)
Auto. Wash. Machine Yes (✓) No ( )
Site Suitable Yes (✓) No ( )

Character & Porosity of Soil Clayey
Percolation Rate 14
Topography 2 to 10%
Depth to Water Table 10'+
Rock or other impervious formations none

Lot Area 100' X 284'

_____ Basement with Plumbing _____ Basement without Plumbing _____ No Basement




Plot of System

Size of Tank 1000 Gals.

Nitrification Field:
No. of Lines 4
Sq. Ft. 900 Linear Ft. 300
Depth of Stone in Lines 12"

Water Supply: Individual ( )
Public (✓)

100% Repair Area

Installed by Donald Lackey

I understand and agree to install septic tank system as specified on this Improvements Permit.

Signed: _____

IMPROVEMENTS PERMIT BY P. C. Moore

COMMENTS: _____

CERTIFICATE OF COMPLETION BY P. C. Moore DATE 3-12-91

EXISTING SYSTEM CHECKED BY: _____ DATE _____

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

Permit is VOID if any unauthorized changes are made in installation of system and/or if any false information is supplied in making Improvements Permit.

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