ICHD - ENVIRONMENTAL HEALTH DIVISION

Statesville Office (704) 878-5305 | Mooresville Office (704) 660-3625 | PERMIT # AP-306895

11am CAW

SEPTIC: IMPROVEMENT PERMIT / AUTHORIZATION TO CONSTRUCT / OPERATION PERMIT / EXISTING SYSTEM

PIN # 4765131918

APPLICANT/OWNER: CHOR & SHENG V. YANG | APPLICANT ADDRESS: 316 CAMELOT DRIVE, STATESVILLE, N.C. 28625

SITE ADDRESS: 316 CAMELOT DRIVE, STATESVILLE, N.C. 28625 | PHONE: 336-331-2003 | ALT. PHONE: —

SITE DIRECTIONS: (E) ON 64, (R) ON EAST BROAD STREET, (R) ON CAMELOT DRIVE, LOT ON (L) | SAP CONTROLLED: ☐ YES ☐ NO EXT

SUBDIVISION: CAMELOT ACRES | SECTION: — | LOT # 60 | LOT AREA: 0.44 AC | DESIGN FLOW: EXT | L.T.A.R.: EXT

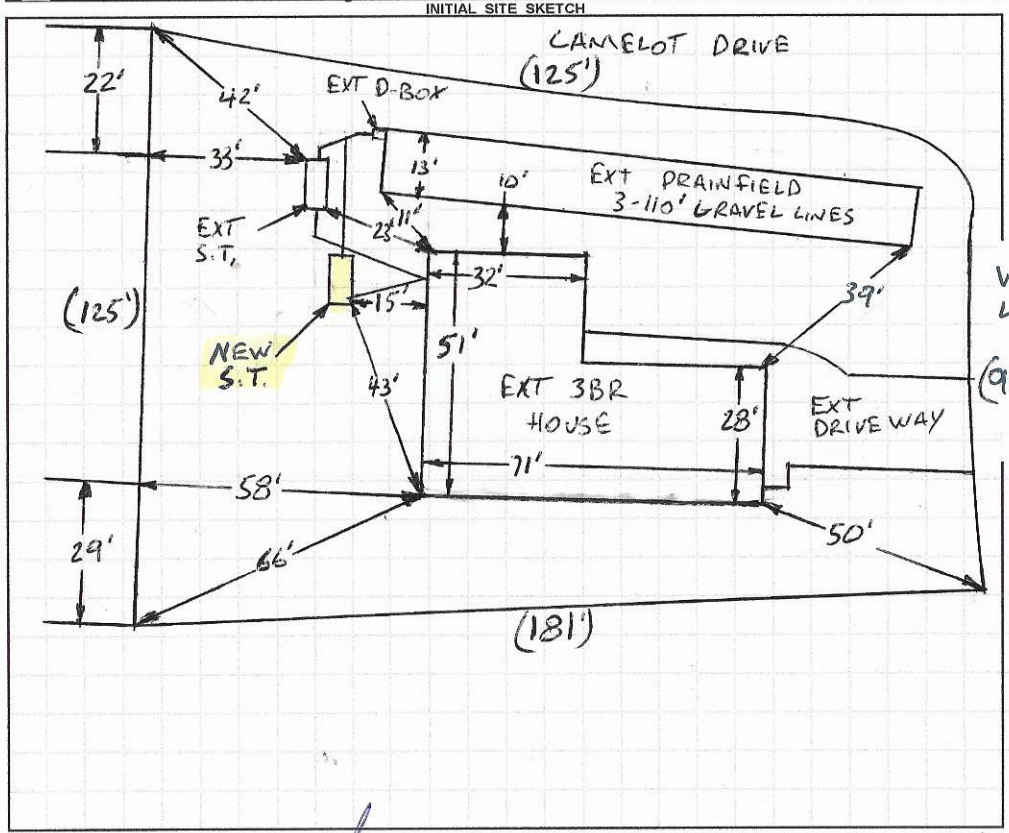
Septic Tank	1000	(gal)	STB	760	Date	3-21-20	☐ New System	☑ Repair	☐ Expansion	System Type: I (II) III IV V VI	
Pump Tank	—	(gal)	PT	—	Date	—	System Description:				
Pump Make	—	Model		—	Serial #	—	Repair System Description:	TANK REPLACEMENT			
# Nitrification Fields	1	# Lines	EXT (3)		Linear Ft:	EXT (330')	Maintenance Agreement Required:	☐ YES	☑ NO		
Trench Width	EXT	Trench Bottom Depth(Low side)	EXT		Gravel Depth	EXT		☑ GRAVITY	☐ PRESSURE		

				Water Supply
☑ Residence	No. Bedrooms	EXT		☐ Private
☐ Business	No. Persons	EXT		☑ Public
☐ Other	No. Employees	—		☐ Community
☐ Slab	☑ Crawl Space			
☐ Basement w/plumbing			☐ Basement w/o plumbing	

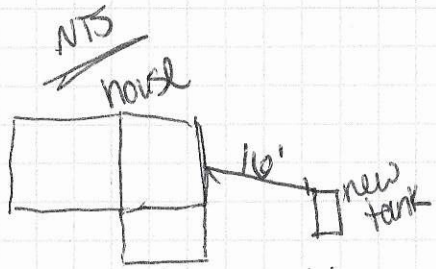
Comments / Conditions: PUMP, CRUSH, AND FILL OLD SEPTIC TANK, INSTALL TANK IN MANNER TO PROMOTE GRAVITY FALL, TANK NOT TO EXCEED 36IN OF COVER OR A TRAFFIC RATED TANK IS REQUIRED

INSPECT AND REPLACE EXISTING D-BOX AS NEEDED

INITIAL SITE SKETCH



AS BUILT SKETCH



set new d-box with speed levelers

1 IN = 40 FT
EXT = EXISTING
S.T. = SEPTIC TANK
D-BOX = DISTRIBUTION BOX

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. **CONTACT A LOCATOR SERVICE PRIOR TO ANY EXCAVATION**

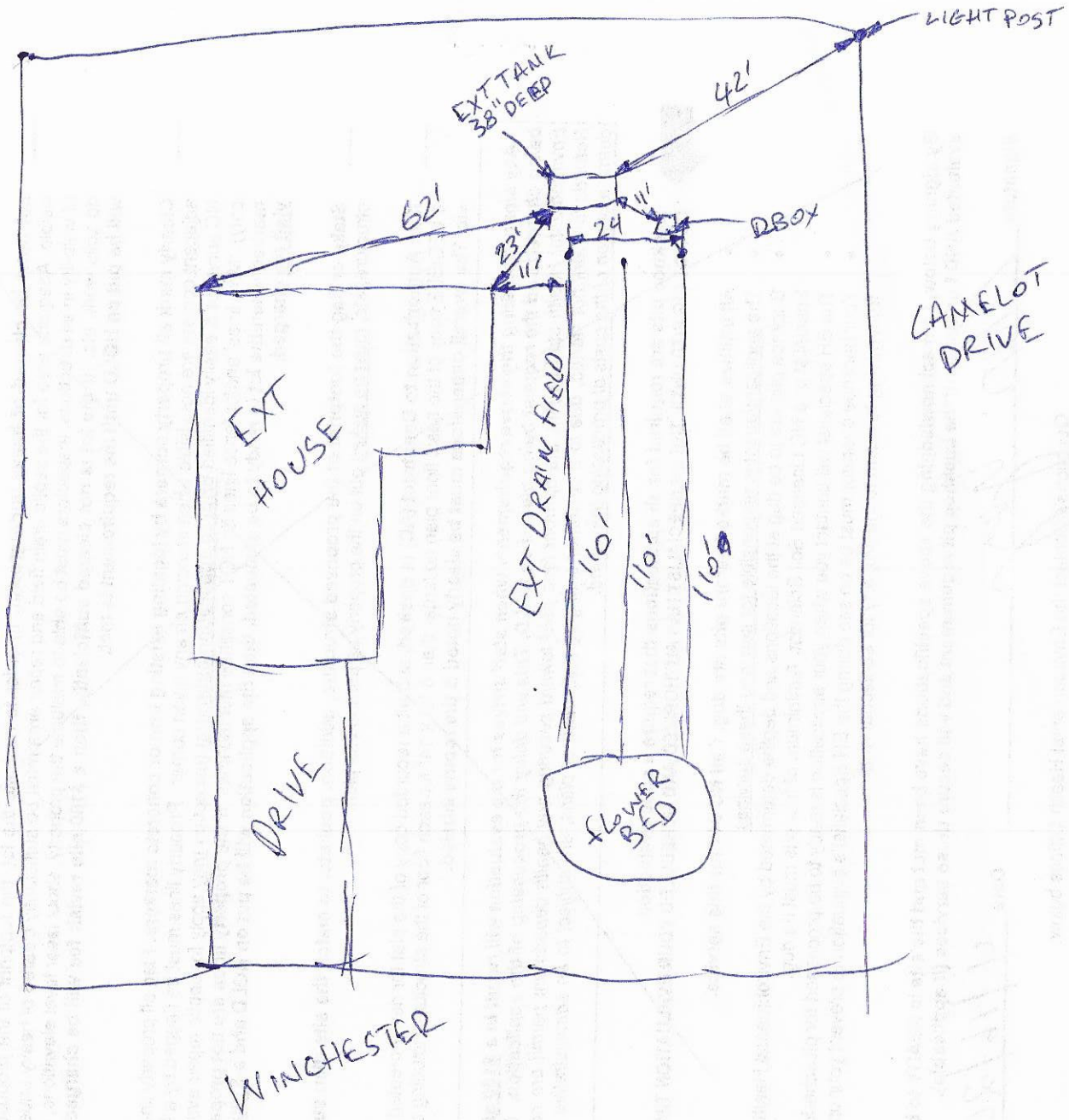
☐ **IMPROVEMENT PERMIT** *with plat valid without expiration.* ☑ **IMPROVEMENT PERMIT** *with site plan valid for 60 mos.* ☑ **AUTHORIZATION TO CONSTRUCT** *valid for period equal to IMPROVEMENT PERMIT--not to exceed 60 mo.*

Owner / Applicant Signature: Chor Yang | Date: 5/5/20 | Installed by: Lentz Wastewater

IMPROVEMENT PERMIT by: Bryant C. White | Date: 4-27-2020 | OPERATION PERMIT by: Carla C. Nicks | Date: 5-14-20

AUTHORIZATION TO CONSTRUCT by: Bryant C. White | Date: 4-27-2020 | Existing System Inspected by: | Date:

FOR SEPTIC FINAL INSPECTION: CALL 704-664-3703 between 8am-9am the day the inspection is needed. Be sure to speak with an inpsector to confirm your inspection time.


LIGHT POST
EXT TANK 38" DEEP
42'
62'
11'
24'
RBOX
23'
11'
CAMELOT DRIVE
EXT HOUSE
EXT DRAIN FIELD
110'
110'
110'
DRIVE
FLOWER BED
WINCHESTER

RECEIVED APR 2 0 2020

APPLICATION MUST BE FILLED OUT COMPLETELY & BE LEGIBLE OR IT WILL NOT BE PROCESSED

Septic Rpr Evaluation - No chg

Iredell County Health Department – Environmental Health Division

PAGE 1: *APPLICATION FORM*

AP- 306895

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

Applicant Name: CHOR YANG **Address:** 316 CAMELOT Dr **Zip:** 28625

Applicant Email: FEGB8938@GMAIL.COM **Phone:** (336) 331-2003 **Alt. Phone:**

Owner Name: CHOR YANG **Address:** 316 CAMELOT Dr. Statesville **Zip:** 28625

Owner Email: FEGB8938@GMAIL.COM **Phone:** (336) 331-2003 **Alt. Phone:**

Property Information:

Street Address: 316 CAMELOT Dr Statesville, NC 28625

Subdivision Name: Camelot Acres **Section/Phase:** **Lot Number:** 60

Driving Directions:

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

CHECK FOUNDATION TYPE

( ) New Single Family Residence — Maximum Number of Bedrooms: 3 — (X) Crawl Space Foundation
( ) New Multi-Family Residence — Maximum Number of Occupants: — ( ) Concrete Slab Foundation
( ) Accessory Building — ( ) Swimming Pool — ( ) Basement with Plumbing
( ) Bedroom(s) Addition — ( ) Other Addition/Structure: — ( ) Basement without Plumbing
(X) Repair to failing septic system ✓ Tank ___ Drain lines Describe Problem: Crack

Non-Residential Site Development: Type of Business:
Square Footage of Building: **Max. Number of Employees:** **Max. Number of Seats/Beds/Other:**

Water Supply: ( ) Replacement Well – Reason:
( ) Multi-connection Well **Number of Houses:** **Number of Persons:**

( ) 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:** 1978
( ) No Preference ( ) Alternative ( ) Conventional ( ) Innovative ( ) Modified Conventional ( ) Other:

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. industrial) 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.

Signature: Chor Yang — 4/16/20

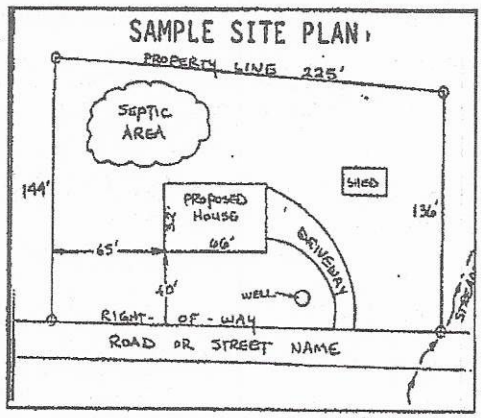
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) — DATE

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:

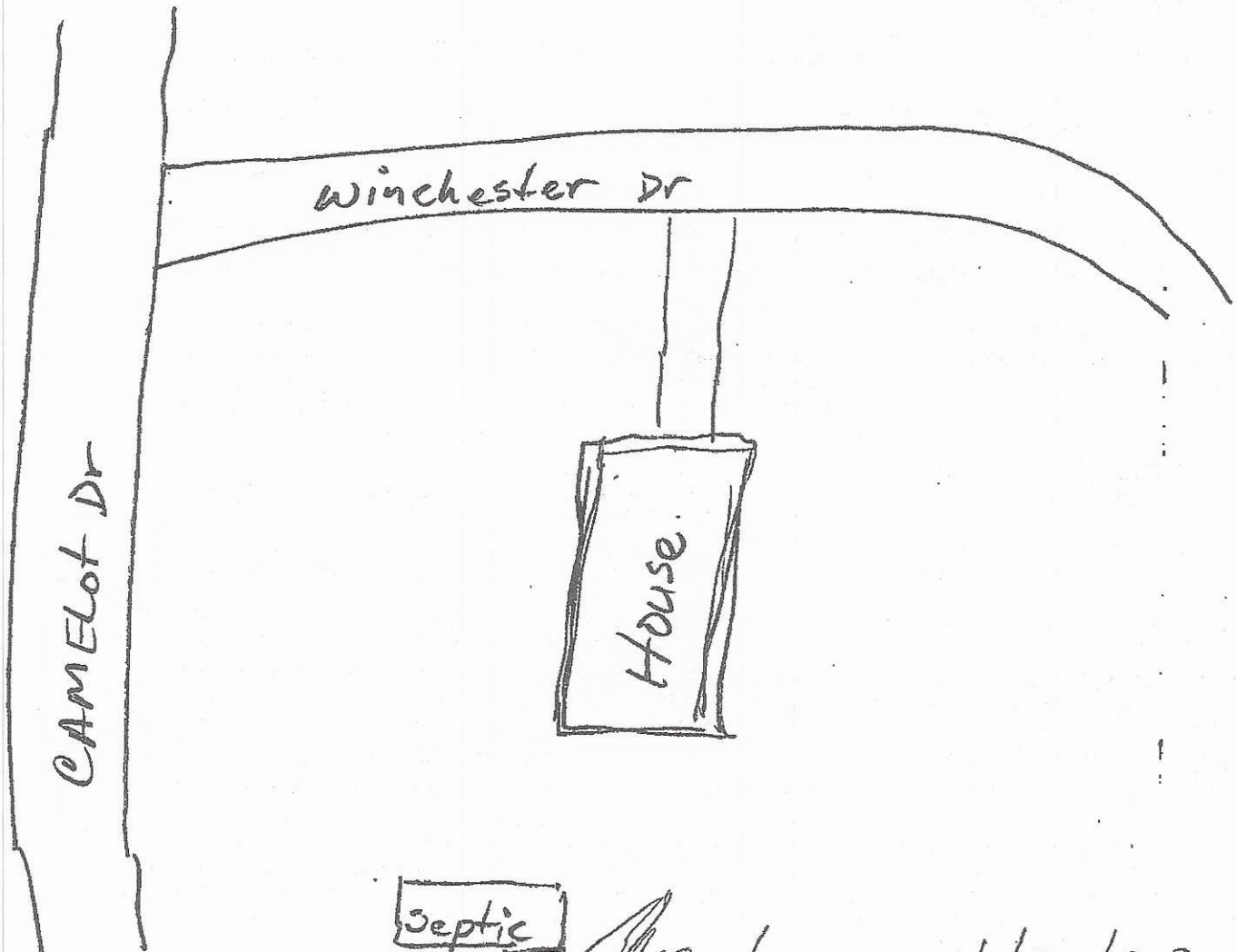
- ( ) Property Line measurements are clearly identified
- ( ) All proposed structures are indicated
- ( ) Front and side setbacks from property line
- ( ) Preferred driveway location and well location
- ( ) Area you prefer your septic system to be placed
- ( ) North arrow, or other sufficient indicator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



Signature: Allison Young 4/20/20

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 Egul Cranfill DATE 3-29-78 PERMIT NO. _____

PHONE Business _____ Home _____

LOCATION E. Broad St Ext.

S. R. No. _____

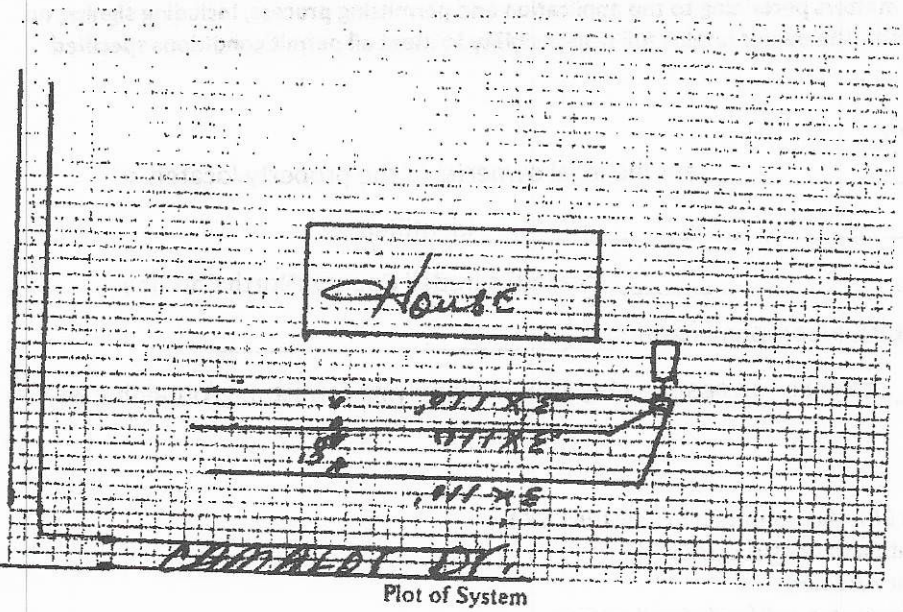
SUBDIVISION NAME Emerald Acres LOT NO. 62 SECTION OR BLOCK NO. _____

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

No. Bedrooms 3 No. Bathrooms 2

Garbage Disposal Unit	Yes ( )	No ( )	Character & Porosity of Soil Clay
Auto. Dishwasher	Yes ( )	No ( )	Percolation Rate Slow
Auto. Wash. Machine	Yes ( )	No ( )	Topography Rolling
Site Suitable	Yes ( )	No ( )	Depth to Water Table Creek
			Rock or other impervious formations None

Lot Area 19,253 s.f.



Size of Tank 1250 Gals.

Nitrification Field:
No. of Lines 3
Sq. Ft. 280 Linear Ft. 330
Depth of Stone in Lines 10"

Water Supply: Individual ( )
Public (✓)

Installed by Hole Septic Tank Serv.

IMPROVEMENTS PERMIT BY _____

COMMENTS: _____

CERTIFICATE OF COMPLETION BY [signature] DATE 3/29/78

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