IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625

PERMIT # 228 529

PIN # 4765-61-2520

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

APPLICANT/OWNER: LONNIE WHITE

APPLICANT ADDRESS: 203 BIRCHWOOD RD. STATESVILLE

PHONE: 704-500-1438

ALT. PHONE

SITE ADDRESS: SAME

SAP CONTROLLED: ☐ YES ☒ NO

SITE DIRECTIONS: 64, BELL FARM, TL MAPLELEAF, TR BIRCHWOOD

DESIGN FLOW: 360 L.T.A.R.: .3

SUBDIVISION: CEDAR HILLS

SECTION: — LOT # 74 LOT AREA:

Septic Tank: EXISTING (gal) STB: Date:

Pump Tank: (gal) PT: Date:

Pump Make: Model: Serial #:

Nitrification Fields: 1 # Lines: 9'X54' BED Linear Ft:

Trench Width: 9' Trench Bottom Depth(Low side): 45" Gravel Depth: —

☐ New System ☒ Repair ☐ Expansion System Type: I II (III) IV V VI

System Description:

Repair System Description: CHAMBER BED

Maintenance Agreement Required: ☐ YES ☒ NO

☒ GRAVITY ☐ PRESSURE

☒ Residence No. Bedrooms: 3

☐ Business No. Persons: 6

☐ Other No. Employees:

☐ Slab ☒ Crawl Space

☐ Basement w/plumbing ☐ Basement w/o plumbing

Water Supply

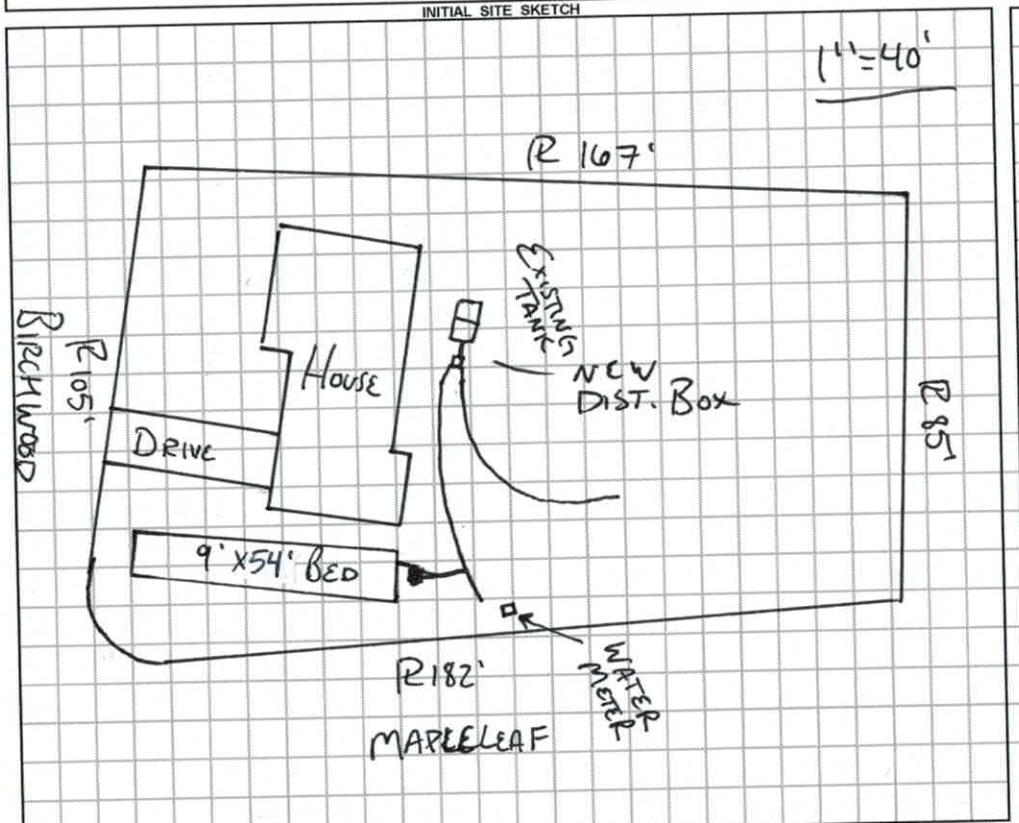
☐ Private

☒ Public

☐ Community

Comments / Conditions: RECOMEND MOVING WATER LINE 10' FROM SEPTIC.

INITIAL SITE SKETCH



AS BUILT SKETCH

FEEDING TOP LINE FIRST SERIAL DISTRIBUTION

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: Linda White Date: 7-20-17

IMPROVEMENT PERMIT by: Date: 7-20-17

AUTHORIZATION TO CONSTRUCT by: Date: 7-20-17

Installed by: CAC PLUMBING

OPERATION PERMIT by: Date: 7-20-17

Existing System Inspected by: Date:

228324

IREDELL COUNTY HEALTH DEPARTMENT *ENVIRONMENTAL HEALTH DIVISION*

(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 ___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:**

Applicant Name	Mailing Address	Home Phone #	Alternate Phone #
Linda White Lorrie White	203 Birchwood Rd Statesville N.C.	704-878-0236	704-508-1438
Owner Name	**Mailing Address**	**Home Phone #**	**Alternate Phone #**
Lorrie White	203 Birchwood Rd. Statesville, N.C.	704-878-0236	

4. **Property Information:**

Street Address	Subdivision Name	Section/Phase and Lot Number
203 Birchwood Rd.	Cedar Hill	

Driving Directions: Coming down 64 turn on Bell Farm Rd. + make a left on Mapleaf Rd and come down and make a right on Birchwood Rd.

emailed 6/29/17

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

( ) New, Single Family Residence
( ) New, Multi-Family Residence
( ) Expansion of Existing Septic System
(✓) Repair To Failing Septic System due to drain field
( ) Other

Maximum Number of Bedrooms 3
Maximum Number of Occupants 6
If Expansion, Current Number of Bedrooms ___

( ) 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:**

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

County water

7. **Desired Septic System Type:** *(You may rank in order of preference, if any)* ( ) EXISTING SYSTEM installed 1972 *Year*

( ) Alternative ( ) Conventional ( ) Innovative ( ) Modified Conventional ( ) Other_____

8. **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. industry) 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.

9. **Signature:** Linda White — 6-29-17
   Property owner or owner's legal representative signature (SIGNATURE REQUIRED) — DATE

IREDELL COUNTY HEALTH DEPARTMENT *ENVIRONMENTAL HEALTH DIVISION*:

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...**

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

_____ **Front and side setbacks from property line...**

_____ **Area you prefer your septic system to be placed...**

_____ **Preferred driveway location and configuration, preferred well location...**

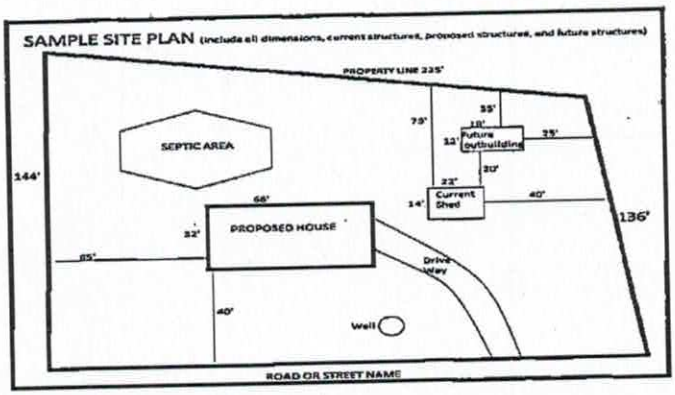
_____ **North arrow, or other sufficient indicator of direction...**

Circle N/A on the following if appropriate:

_____ **Location of septic systems and wells within 100' of your property... N/A**

N/A **Location of easements and rights of ways on your property... N/A**

N/A **Location of any designated wetlands on the property... N/A**

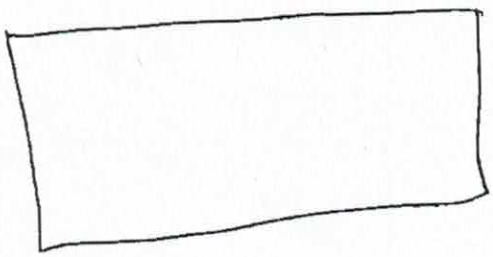


USE THIS SPACE TO DRAW YOUR SITE PLAN

Back of house

septic tank septic tank

corner lot



Signature: Lonnie + Linda White

REQUIRED **property owner or owner's legal representative signature.**

6-29-17

DATE

AB 1

0-13 SCL MSBK 55

13-34 RC MSBK 5

36-57 RCL WSBK 55 COMSAR INC.

(3)

PITZ 0-12 SCL MSBK 55

12-34 RC MSBK 5

36-65 RCL WSBK 55

(3)

