IREDELL COUNTY HEALTH DEPARTMENT

-- Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 224347

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

PIN # 4771-22-7904.8972

APPLICANT: WALTER LEACH — APPLICANT ADDRESS: 373 CARLYLE RD. TROUTMAN

SITE ADDRESS: 1165 TRIPLETT RD. CLEAVLAND — PHONE: 704-528-5529 ALT. PHONE:

SITE DIRECTIONS: 801, TL TRIPLETT, ON R

SUBDIVISION: — SECTION: — LOT # — LOT AREA: 2.02AC — DESIGN FLOW: 240 — L.T.A.R.:

Septic Tank 1000 (gal) STB 825 Date 12-14-16
Pump Tank (gal) PT Date
Pump Make Model Serial #
Nitrification Fields EXISTING # lines Linear Ft:
Trench Width Max. Trench Bottom Depth Gravel Depth

☐ New System ☑ Repair ☐ Expansion System Type: I (II) III IV V VI
System Description:
Repair System Description: TANK
Maintenance Agreement Required: ☐ YES ☑ NO
☑ GRAVITY ☐ PRESSURE

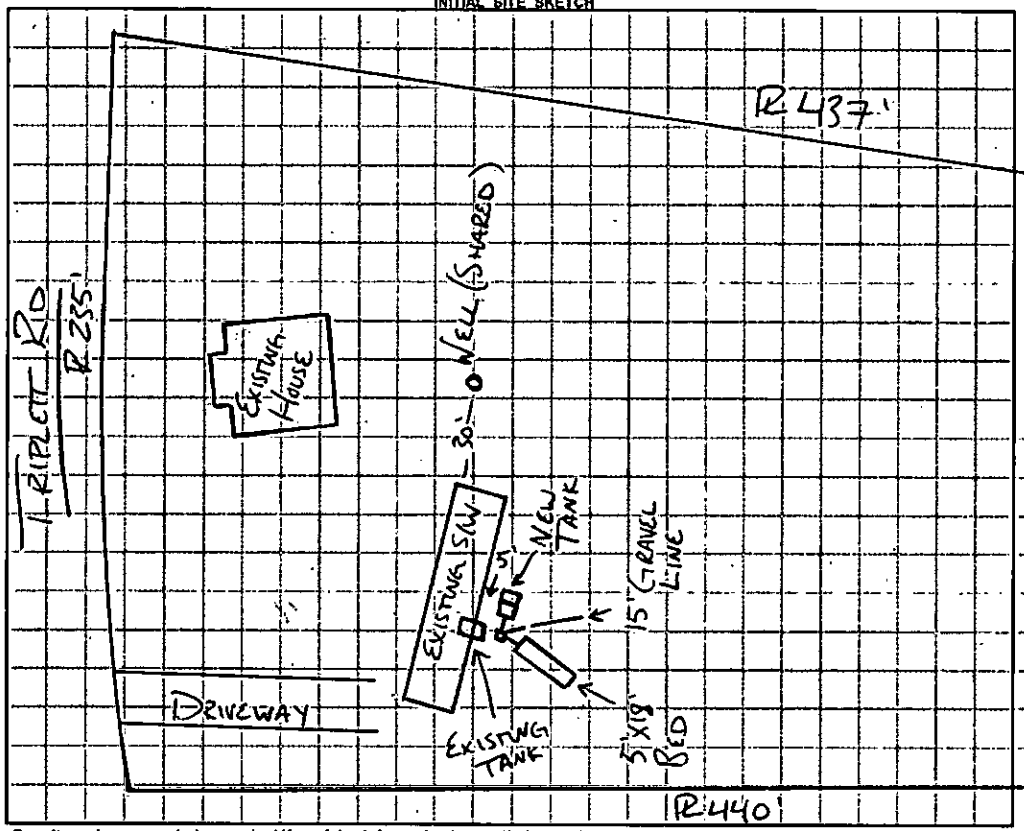
☒ Residence No. Bedrooms 2
☐ Business No. Persons 4
☐ Other No. Employees
☐ Slab ☒ Crawl Space
☐ Basement w/plumbing ☐ Basement w/o plumbing

Water Supply: ☒ Private ☐ Public ☐ Community

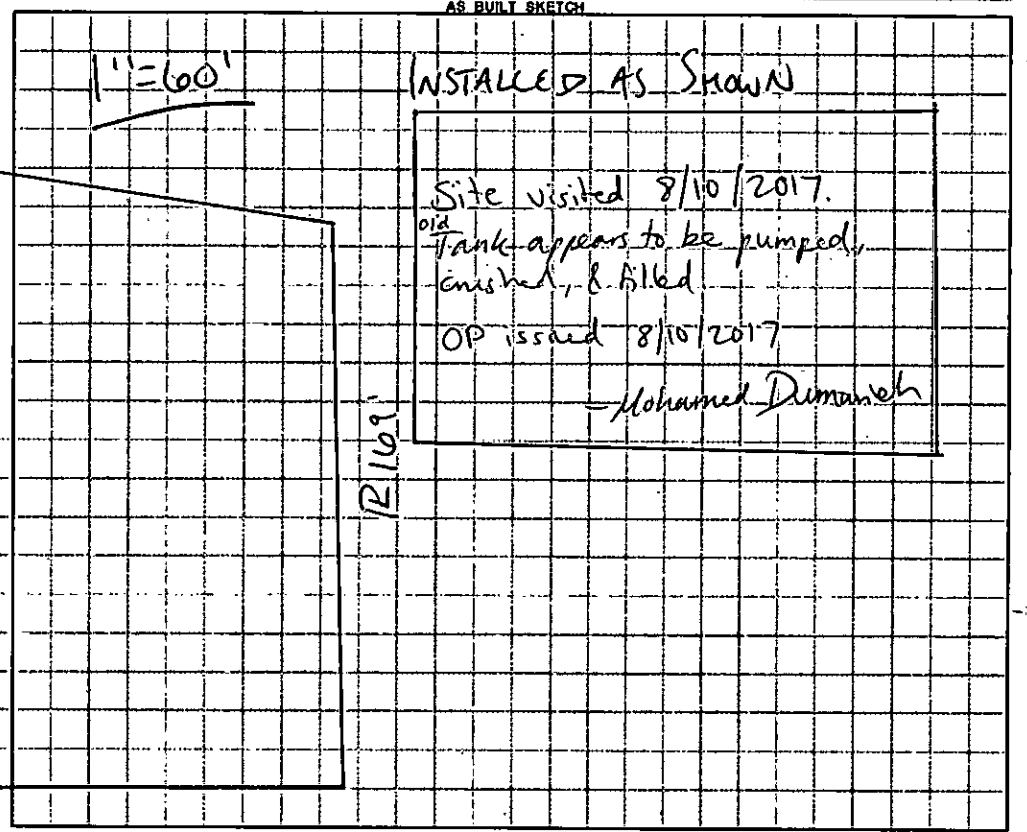
Comments / Conditions:

PUMP, CRUSH, FILL OLD TANK

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. **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: Walter Leach Date: 2/7/2017 Installed by: Cedric Cuthberson

IMPROVEMENT PERMIT by: Date: 2-3-17 OPERATION PERMIT by: Mohamed Dumanieh Date: 8/10/2017

AUTHORIZATION TO CONSTRUCT by: Date: 2-3-17 Existing System Inspected by: Date:

Health Dept. Copy - WHITE Applicant (Final Approval) - YELLOW Applicant (Conditional Approval) - PINK

RECEIVED - JAN 1 8 2016

IREDELL COUNTY HEALTH DEPARTMENT Repair Evaluation - No Chg
ENVIRONMENTAL HEALTH DIVISION
Application for IMPROVEMENT PERMIT, AUTHORIZATION TO CONSTRUCT, or EXISTING SYSTEM INSPECTION

(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)

Paid $150.00 #224347

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:

Applicant Name	Mailing Address	Home Phone #	Alternate Phone #
Walter C. Leach	373 Carlye Rd Troutman NC 28166	704-528-5529	704-657-5220
Walter C Leach (Owner Name)	373 Carlye Rd Troutman (Mailing Address)		

4. Property Information:

Street Address	Subdivision Name	Section/Phase and Lot Number
1165 Triplett Rd		

Driving Directions: Clarkland NC

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
( ) Other

Maximum Number of Bedrooms 2
Maximum Number of Occupants 0
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

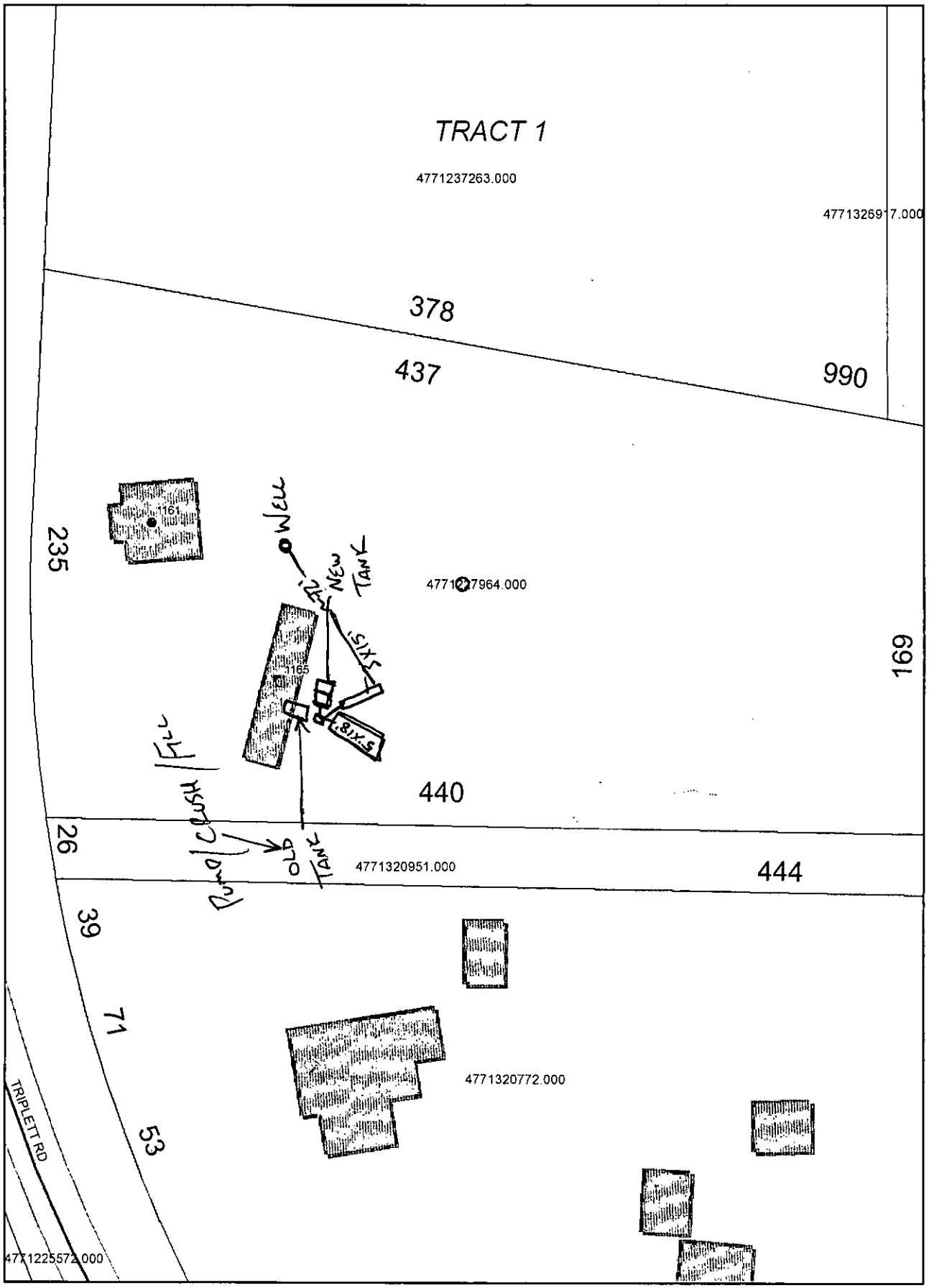
7. Desired Septic System Type: *(You may rank in order of preference, if any)* ( ) Existing system--installed in ____ YEAR
( ) Alternative (✓) Conventional ( ) Innovative ( ) Modified Conventional ( ) Other ____ ( ) No Preference

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: Walter C Leach 1-18-17
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE


TRACT 1
4771237263.000
47713269 7.000
378
437
990
235
1161
WELL
NEW TANK
4771 7964.000
5'X15'
1165
4.8'X5'
169
440
26
PUMP/CISTERN
OLD TANK
4771320951.000
444
39
71
53
4771320772.000
TRIPLETT RD
4771225572.000