208016

IREDELL COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

PAGE 1: *APPLICATION FORM*

FILE COPY

Application For: ( ) New Well Permit ( ) Well Repair Permit ( ) Well Abandonment
( ) Septic Improvement Permit ( ) 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: Larry Munday Address: 623 Shiloh Road Statesville NC 28677 Phone: 704-902-1479

Owner Name: David Padgett Address: 169 Sain Road Statesville NC 28625 Phone: 704-682-5599

Property Information:

Street Address: 169 Sain Road Statesville NC 28625

Subdivision Name: Spring Forest Section/Phase: _____ Lot Number: _____

Driving Directions: Take Hwy 64 East T Ronto Sain Road
go approx ¼ mile house is on the left

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: 3
Maximum Number of Occupants: 2
( ) Swimming Pool
(✓) Other Addition/Structure: Jackdack roof

(✓) 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:

( ) 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 (✓) 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: Larry Munday
Property owner or owner's legal representative signature (SIGNATURE REQUIRED)

1-22-15
DATE

IREDELL COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

PAGE 2: *SITE PLAN WORKSHEET*

FILE COPY

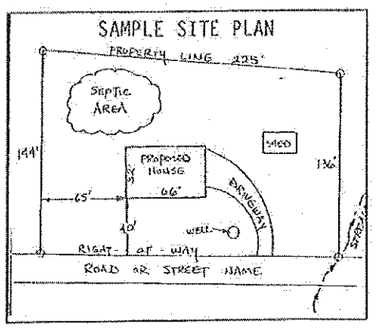
SEE THE "SAMPLE SITE PLAN" BELOW. *INCOMPLETE SITE PLANS WILL BE RETURNED TO YOU FOR COMPLETION AND MAY RESULT IN A DELAY IN THE ISSUANCE OF YOUR SEPTIC SYSTEM PERMIT!!!*

Place an (X) beside each item as you complete the site plan:

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

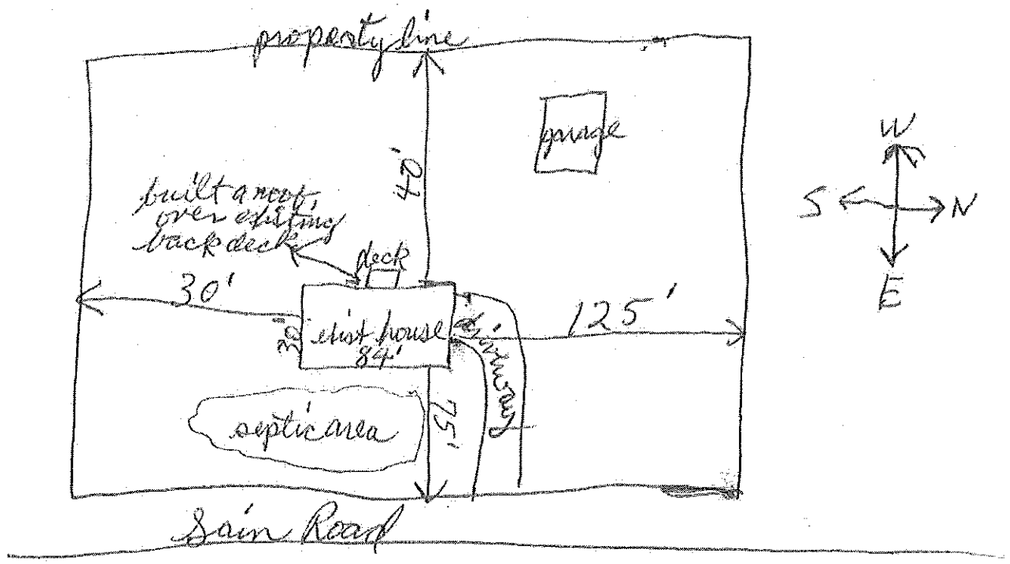
Circle N/A on the following if appropriate:

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: Larry Munday
Property owner or owner's legal representative signature (SIGNATURE REQUIRED)

1-22-15
DATE

CI / CI

IREDELL COUNTY HEALTH DEPARTMENT

STATESVILLE 704-878-5305 MOORESVILLE 704-664-5281

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

PERMIT# 108590 PIN# 4775-25-1361

OWNER OR CONTRACTOR TODD ELLIS DATE 09-19-02

ADDRESS 315 SPRINGS COOP STATESVILLE, NC 28677 PHONE: Business Home 704-878-6633

LOCATION 64 EAST, (L) SAIN RD, LOT #4 ON LEFT

SUBDIVISION SPRING FOREST BLOCK / SECTION LOT 4 LOT AREA .7384 AC SITE CLASS. PS DESIGN FLOW 360 L.T.A.R. .3

Septic Tank: 1000 Gallons; STB 1017 Date 9-3-02

Pump Tank: Gallons; PT Date

Pump Make: Model Serial No.

Nitrification Field: No Fields 1 Square Feet 1200' Linear Feet 400'

No Lines 4X100' Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth 12"

[X] New System [ ] Repair System Type: I (II) III, IV, V, VI

System Description: CONV GRAV

Repair System Description: SHALLOW 25% REDUCT

Maintenance Agreement Required: [ ] Yes [X] No

[X] House/Mod. Home No. Bedrooms 3

[ ] Mobile Home No. Bathrooms 2

[ ] Business No. Employees

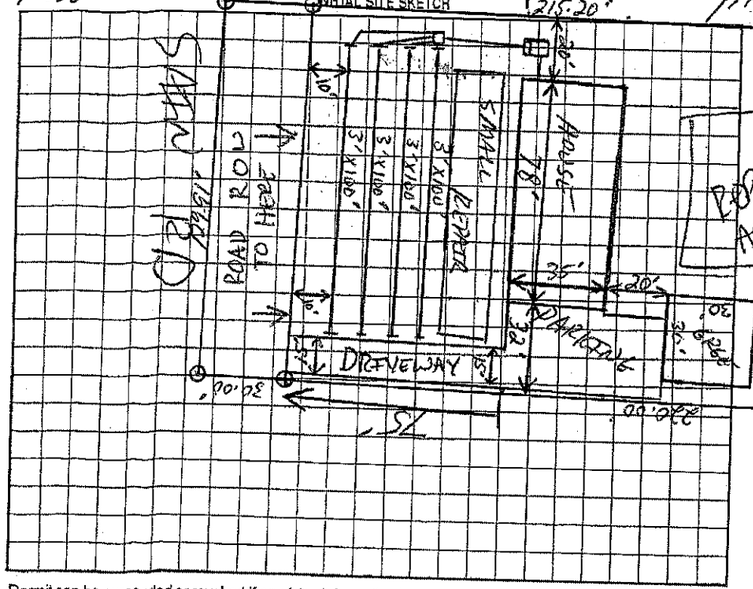
[ ] Other

[ ] Slab [X] Crawl Space [ ] Basement w/plumbing [ ] Basement wo/plumbing

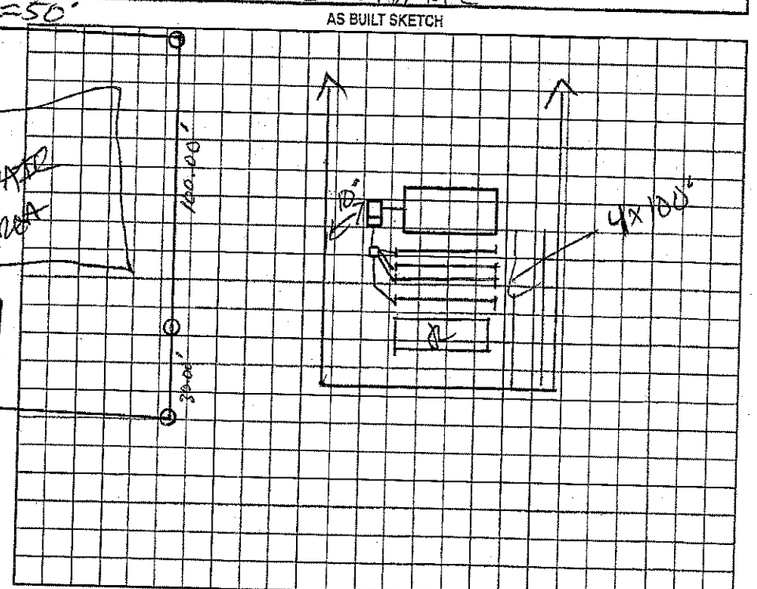
Water Supply: [ ] Individual [X] Public [ ] Community

Comments/Conditions: (1) LESS THAN 2% SLOPE. LINES DO NOT NEED TO FOLLOW CONTOUR (2) USE DIST. BOX WITH SPEED LEVELERS. (3) MAINTAIN SETBACKS; HRD LINE 10' FROM SYSTEM. (4) SUPPLY LINE CAN BE 5' OFF PROPERTY LINE (5) MAKE SURE ALL LINES WILL BACK UP TO BOX. TUFF TITE FILTER & MARKER

1"=50' INITIAL SITE SKETCH



1"=50' 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 with plat valid without expiration. 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: date 9-19-02 Installed by: DAVID YOUNTZ

Improvement Permit by: RS date 9-19-02 Operation Permit by: RS date 05-01-03

Authorization to Construct by: RS date 9-19-02 Existing System Inspection by: date

HEALTH DEPT. COPY: WHITE OWNER COPY (FINAL): YELLOW OWNER COPY (INITIAL): PINK