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: X 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 #
Gary Conley	280 Log Cabin Rd Statesville	704-873-5310	704-929-2997
Owner Name	Mailing Address	Home Phone #	Alternate Phone #
Gary Conley	280 Log Cabin Rd Statesville NC	704-873-5310	

4. Property Information:

Street Address	Subdivision Name	Section/Phase and Lot Number
170 Elmwood Rd	Statesville	

Driving Directions: _____

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 ACC Block 100859007.

Maximum Number of Bedrooms (2)
Maximum Number of Occupants (2)
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 2013 *Year*

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

8. Please Answer The Following ( ) Yes ( ) No Does the site contain any jurisdictional wetlands?
To The Best of Your Ability: ( ) 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: Gary Conley 10-7-2015
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

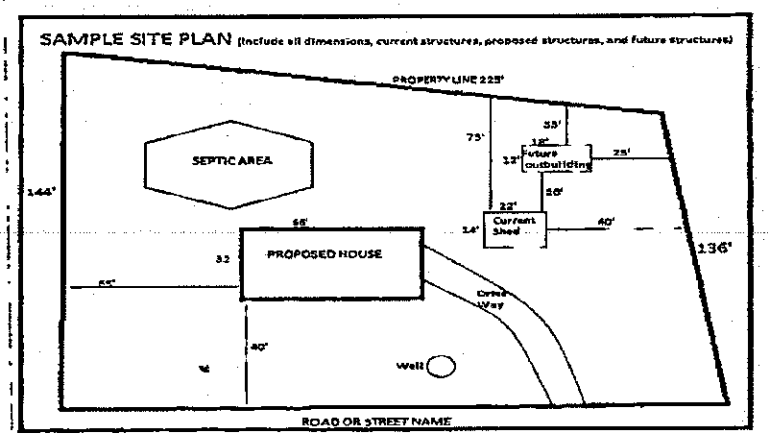
_____ **Front and side setbacks from property line...** _____ **Preferred driveway location and configuration, preferred well location...**

_____ **Area you prefer your septic system to be placed...** _____ **North arrow, or other sufficient indicator of direction...**

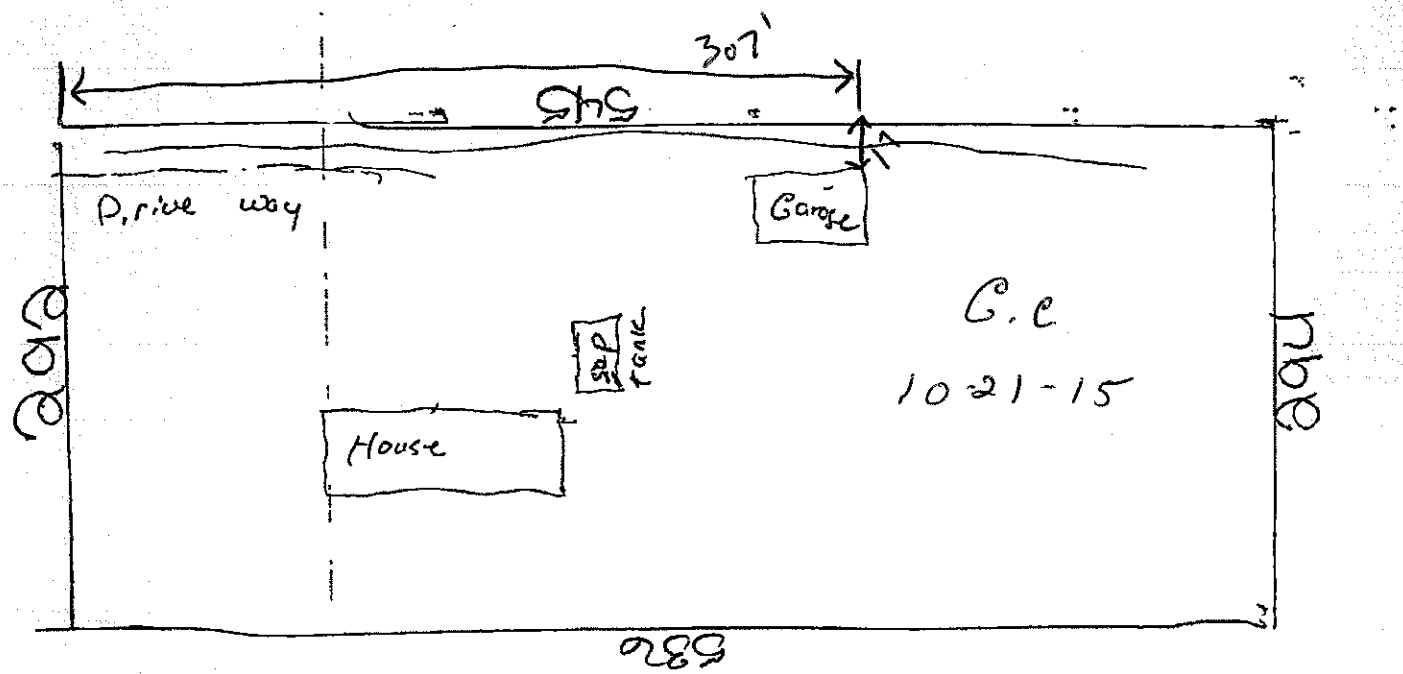
Circle N/A on the following if appropriate:

_____ **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



Signature: Mary Conley

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

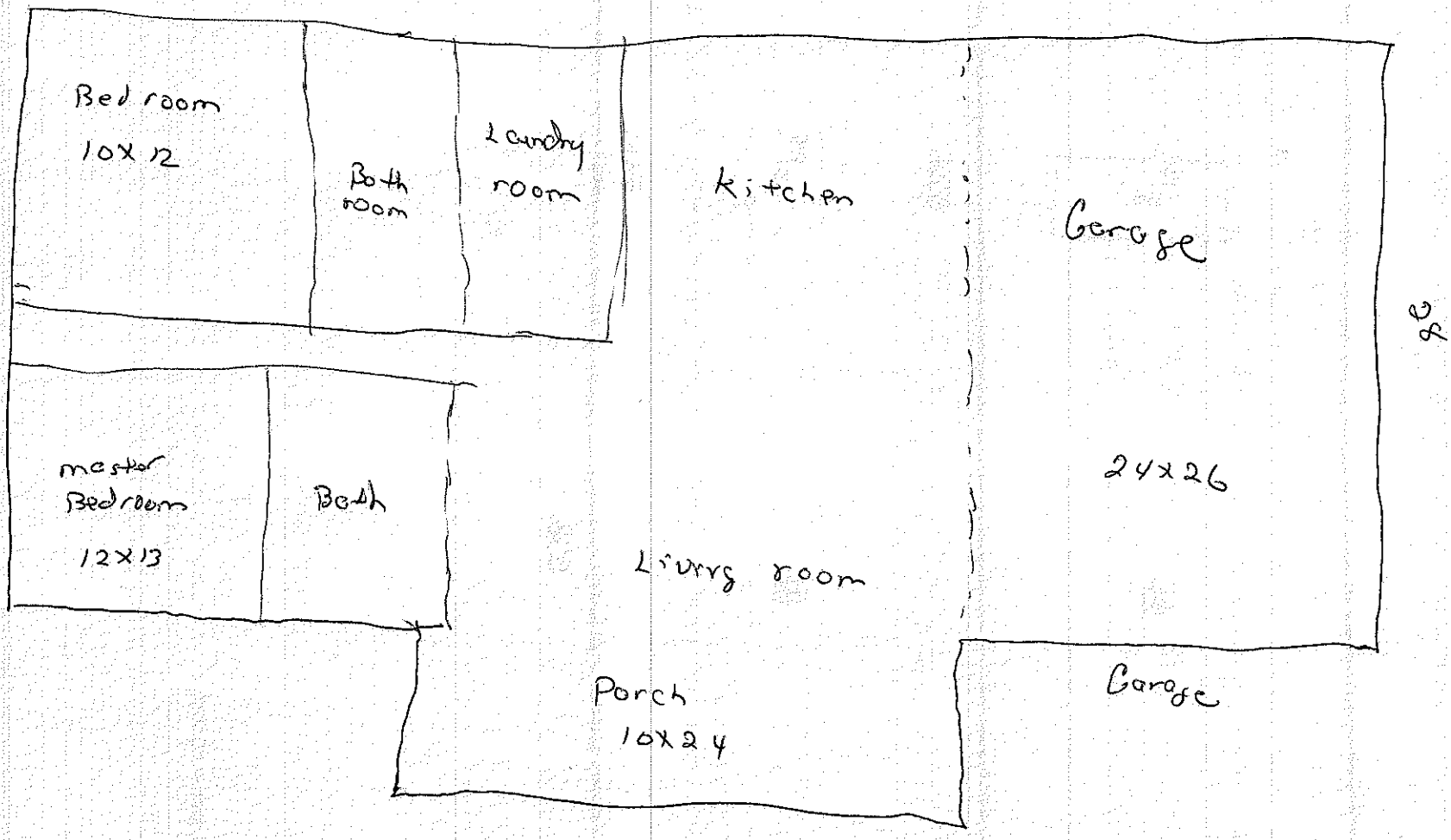
10-7-2015

DATE

Gary Conley 10-21-2015

Justin Henderson 10-22-15

74 x 28



IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 180390

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

PIN # 4775909951

APPLICANT: Mary Simmons APPLICANT ADDRESS: 113 Quail Hollow Dr.

SITE ADDRESS: 170 Elmwood Rd. PHONE: 704-902-5407 ALT. PHONE: N/A

SITE DIRECTIONS: Hwy 64E TR Barry Oak Rd TR Elmwood Rd.

SUBDIVISION: N/A SECTION: N/A LOT # N/A LOT AREA: 1.63 acres DESIGN FLOW: 360gpd. L.T.A.R.: 0.3

Septic Tank 1000 (gal) STB 760-1000 Date 1-23
Pump Tank (gal) PT Date
Pump Make Model Serial #
Nitrification Fields 1 # Lines 3 Linear Ft. 300
Trench Width 36" Max. Trench Bottom Depth 36" Gravel Depth N/A

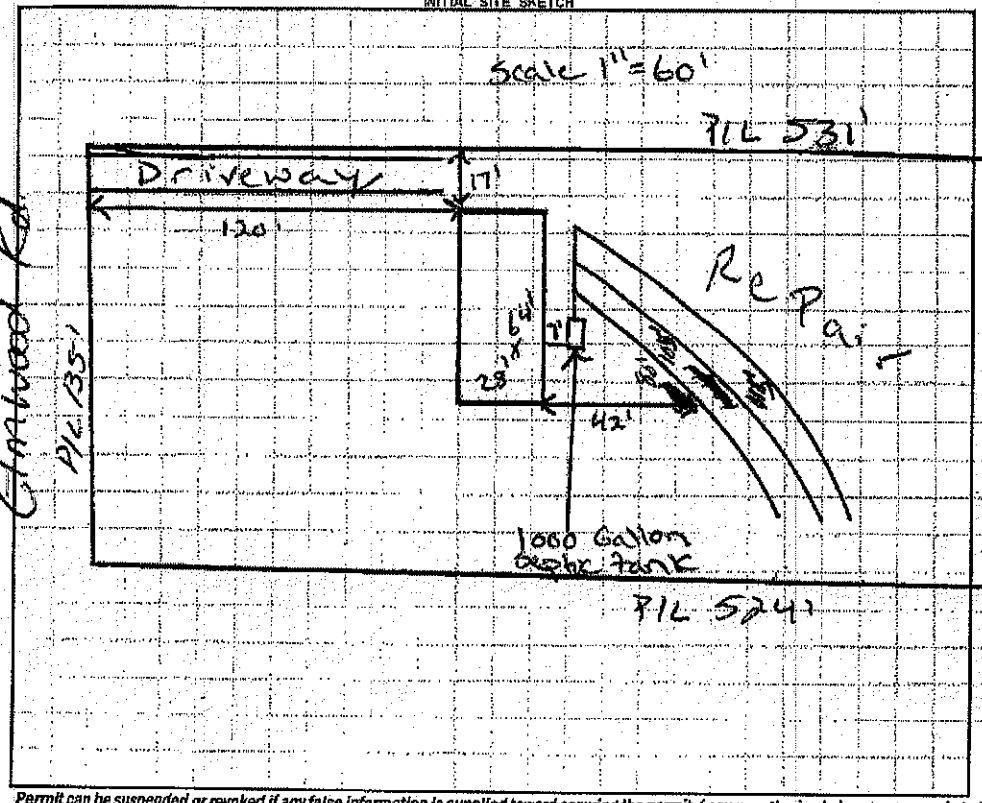
☑ New System ☐ Repair ☐ Expansion System Type: I II ☒ IV V VI
System Description: 25% Reduction
Repair System Description: 25% Reduction
Maintenance Agreement Required: ☐ YES ☒ NO
☑ GRAVITY ☐ PRESSURE

☑ Residence No. Bedrooms 3
☐ Business No. Persons
☐ Other No. Employees
☐ Slab ☑ Crawl Space
☐ Basement w/ plumbing ☐ Basement w/o plumbing

Water Supply: ☑ Private ☐ Public ☐ Community

Comments / Conditions: Install a 25% Reduction system on contour with serial distribution.

INITIAL SITE SKETCH



AS BUILT SKETCH

- Red 304/6K filter installed
- A2C36 Chambers installed
- Installed as drawn.
- House not set at time of system installation

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: Deena Abee Date: 9/25/13 Installed by: Tim Abee

IMPROVEMENT PERMIT by: Justin Henderson Date: 9-24-13 OPERATION PERMIT by: Justin Henderson Date: 11-21-13

AUTHORIZATION TO CONSTRUCT by: Justin Henderson Date: 9-24-13 Existing System Inspected by: Date:

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