IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 231050

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

PIN # 4779479901

APPLICANT/OWNER: Franklin Snow APPLICANT ADDRESS: 193 Mt Bethel Rd.

SITE ADDRESS: 193 Mt. Bethel Rd Harmony, NC PHONE: 704-546-7381 ALT. PHONE

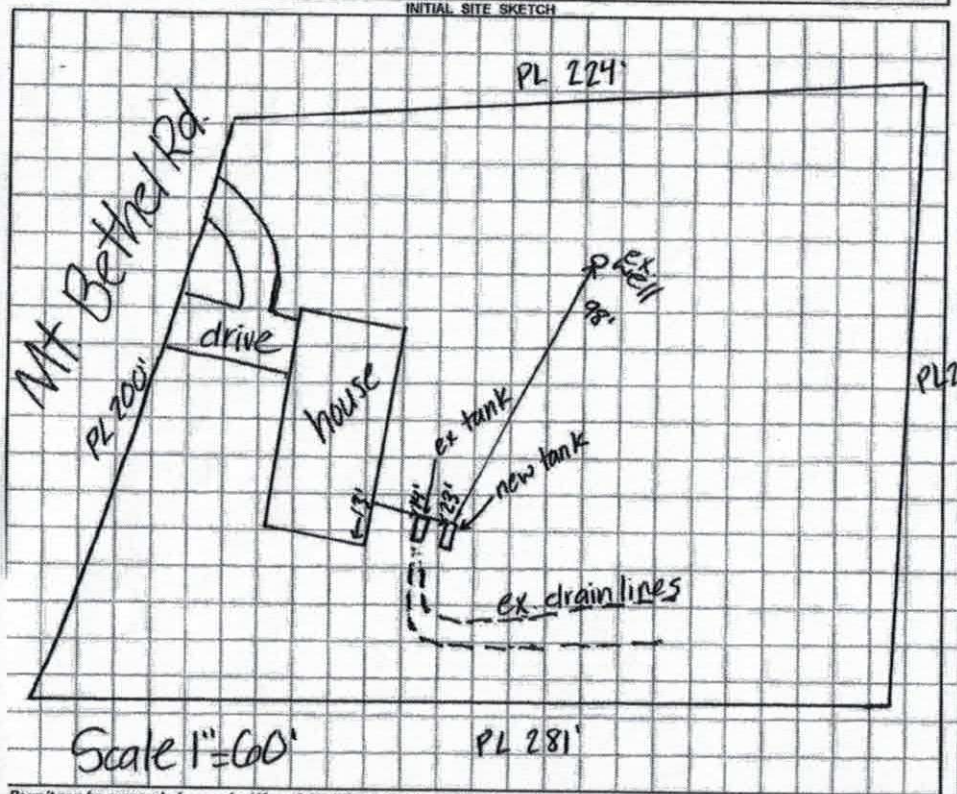
SITE DIRECTIONS: US 21 N → R on Mt. Bethel → lot on L SAP CONTROLLED: ☐ YES ☐ NO

SUBDIVISION: Edith W Jones Prop SECTION: 3 LOT # 60-61 LOT AREA: DESIGN FLOW: 240gpd L.T.A.R.:

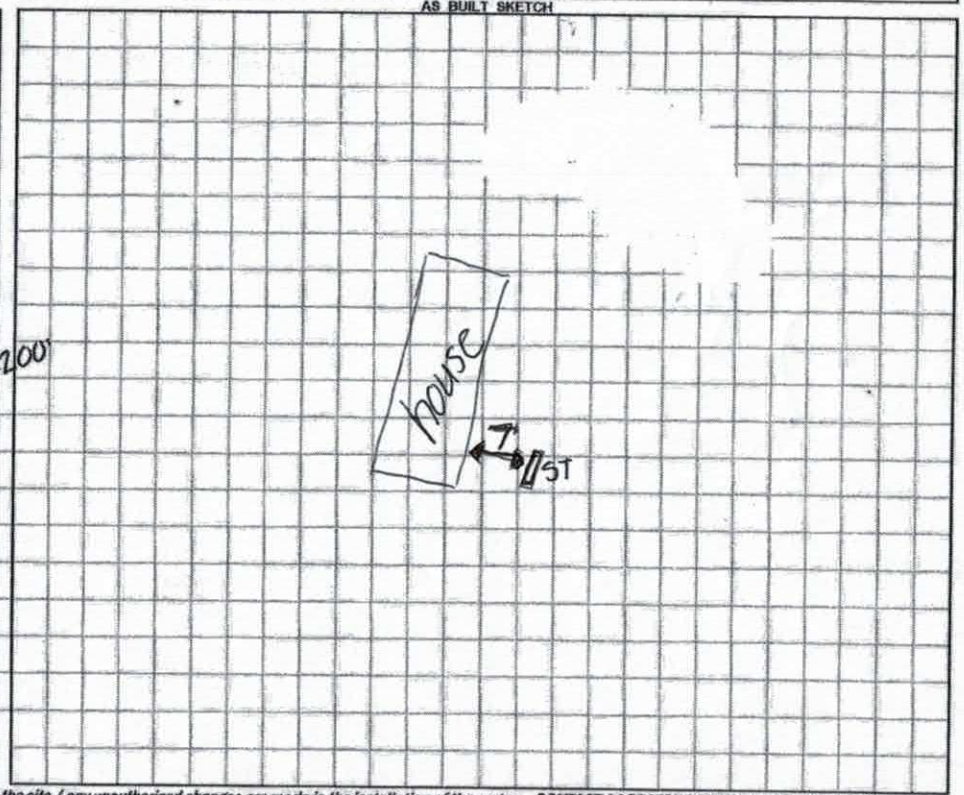
Septic Tank 1000 (gal)	STB 760	Date 8-8-17	☐ New System ☑ Repair ☐ Expansion	System Type: I (II) III IV V VI	☑ Residence	No. Bedrooms 2	Water Supply
Pump Tank (gal)	PT	Date	System Description:		☐ Business	No. Persons 4	☐ Private
Pump Make	Model	Serial #	Repair System Description: tank replacement		☐ Other	No. Employees	☐ Public
# Nitrification Fields	# Lines	Linear Ft.	Maintenance Agreement Required:	☐ YES ☑ NO	☐ Slab	☑ Crawl Space	☑ Community
Trench Width EXISTING	Trench Bottom Depth (Low side)		Gravel Depth 12"	☑ GRAVITY ☐ PRESSURE	☐ Basement w/plumbing	☐ Basement w/o plumbing	

Comments / Conditions: Pump, crush, & fill existing 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: Franklin Leroy Snow Date: 10-30-17 Installed by: Lentz Wastewater

IMPROVEMENT PERMIT by: Kayla Wilson Date: 10-26-17 OPERATION PERMIT by: Kayla Wilson Date: 10-30-17

AUTHORIZATION TO CONSTRUCT by: Kayla Wilson Date: 10-26-17 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 inspector to avoid

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SITE ADDRESS: 193 Mt. Bethel Rd Harmony, NC PHONE: 704-546-7381 ALT. PHONE —

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SUBDIVISION: Edith W Jones Prop SECTION: 3 LOT # 60-61 LOT AREA: — DESIGN FLOW: 240gpd L.T.A.R.: —

Septic Tank 1000 (gal) STB — Date —
Pump Tank — (gal) PT — Date —
Pump Make — Model — Serial # —
Nitrification Fields EXISTING #Lines — linear Ft —
Trench Width — Trench Bottom Depth(Low side) — Gravel Depth 12"

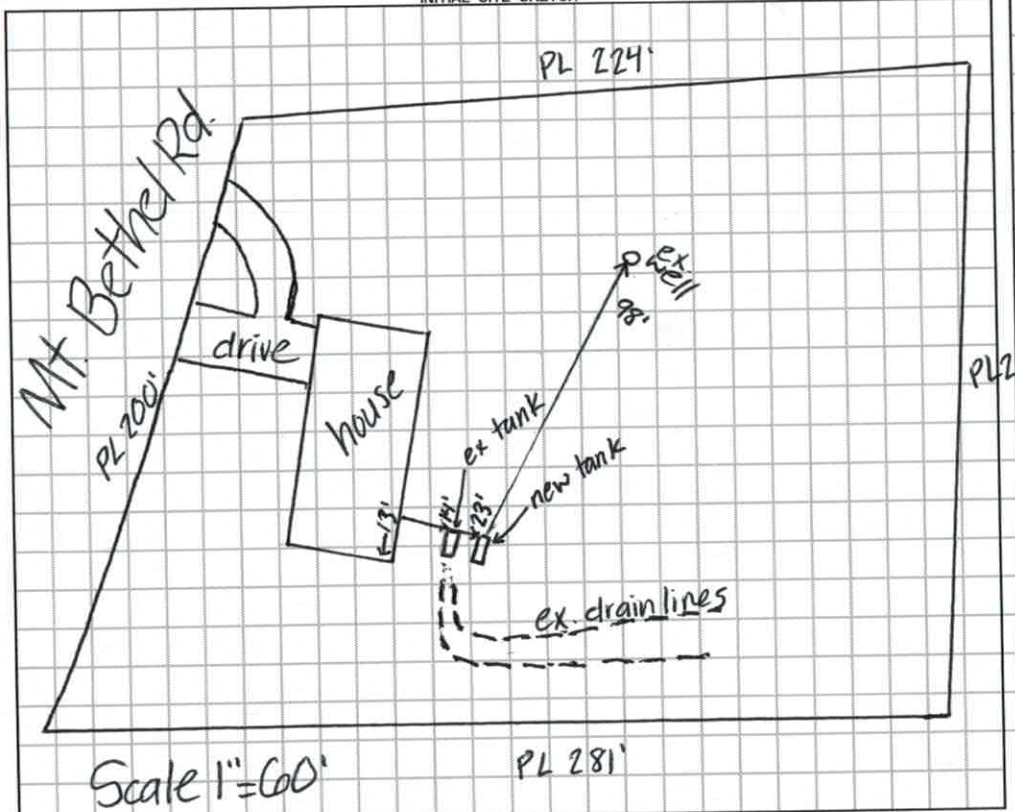
☐ New System ☑ Repair ☐ Expansion System Type: I (II) III IV V VI
System Description:
Repair System Description: tank replacement
Maintenance Agreement Required: ☐ YES ☑ NO
☑ GRAVITY ☐ PRESSURE

☑ 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 existing tank.

INITIAL SITE SKETCH



AS BUILT SKETCH

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IMPROVEMENT PERMIT by: Kayla Wilson Date: 10-26-17 OPERATION PERMIT by: — Date: —

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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.

IREDELL COUNTY HEALTH DEPARTMENT *ENVIRONMENTAL HEALTH DIVISION*

PAGE 1: *APPLICATION FORM*

Application For: ( ) New Well Permit ( ) Well Repair Permit ( ) Well Abandonment
( ) Septic Improvement Permit ( ) Authorization to Construct ( ) Existing System Inspection (L) 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: Franklin Leroy Snow Address: 193 mount Bethel RD Zip: 28634-9001
Applicant Email: _____ Phone: 704-546-7381 Alt. Phone: _____
Owner Name: Franklin Leroy Snow Address: 193 mount Bethel Zip: 28634
Owner Email: _____ Phone: 704-546-7381 Alt. Phone: _____

Property Information:

Street Address: 193 mount Bethel RD Harmony N.C.
Subdivision Name: _____ Section/Phase: _____ Lot Number: _____
Driving Directions: _____

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

( ) New Single Family Residence
( ) New Multi-Family Residence
( ) Accessory Building
(3) Bedroom(s) Addition
( ) Repair to failing septic system ✓ Tank ___ Drain lines Describe Problem: _____
Maximum Number of Bedrooms: 2
Maximum Number of Occupants: 2
( ) Swimming Pool
( ) Other Addition/Structure: _____

CHECK FOUNDATION TYPE
(L) Crawl Space Foundation
(L) Concrete Slab Foundation
( ) Basement with Plumbing
( ) Basement without Plumbing

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: 1 Number of Persons: 2
( ) New Well ( ) Existing Well (L) 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: Franklin L. Snow 10-24-17
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

IREDELL COUNTY HEALTH DEPARTMENT

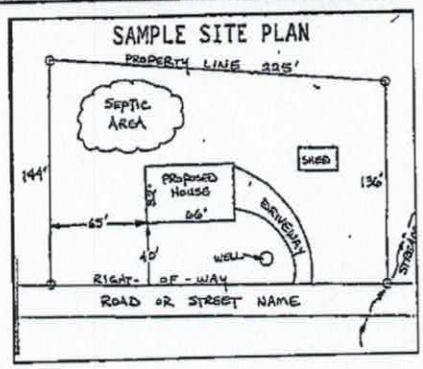
ENVIRONMENTAL HEALTH DIVISION

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

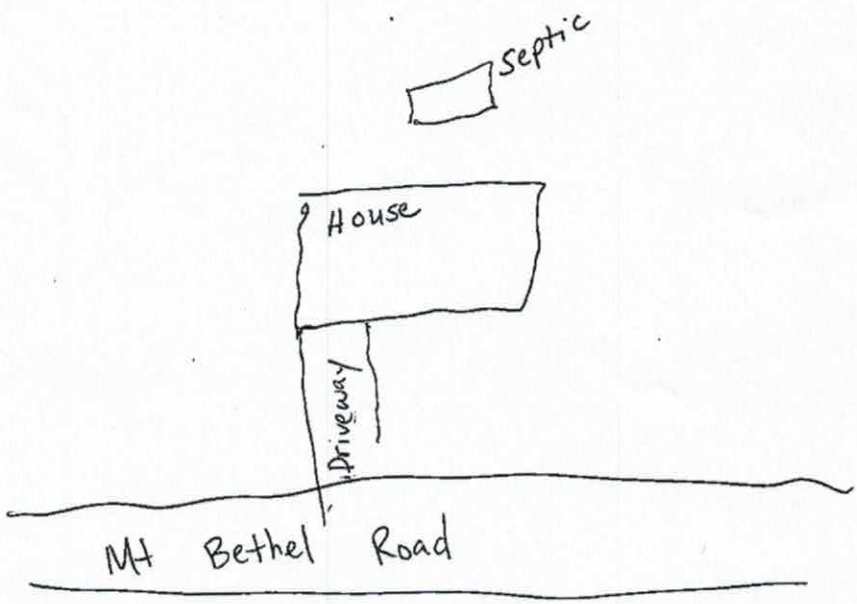


Circle N/A on the following if appropriate:

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

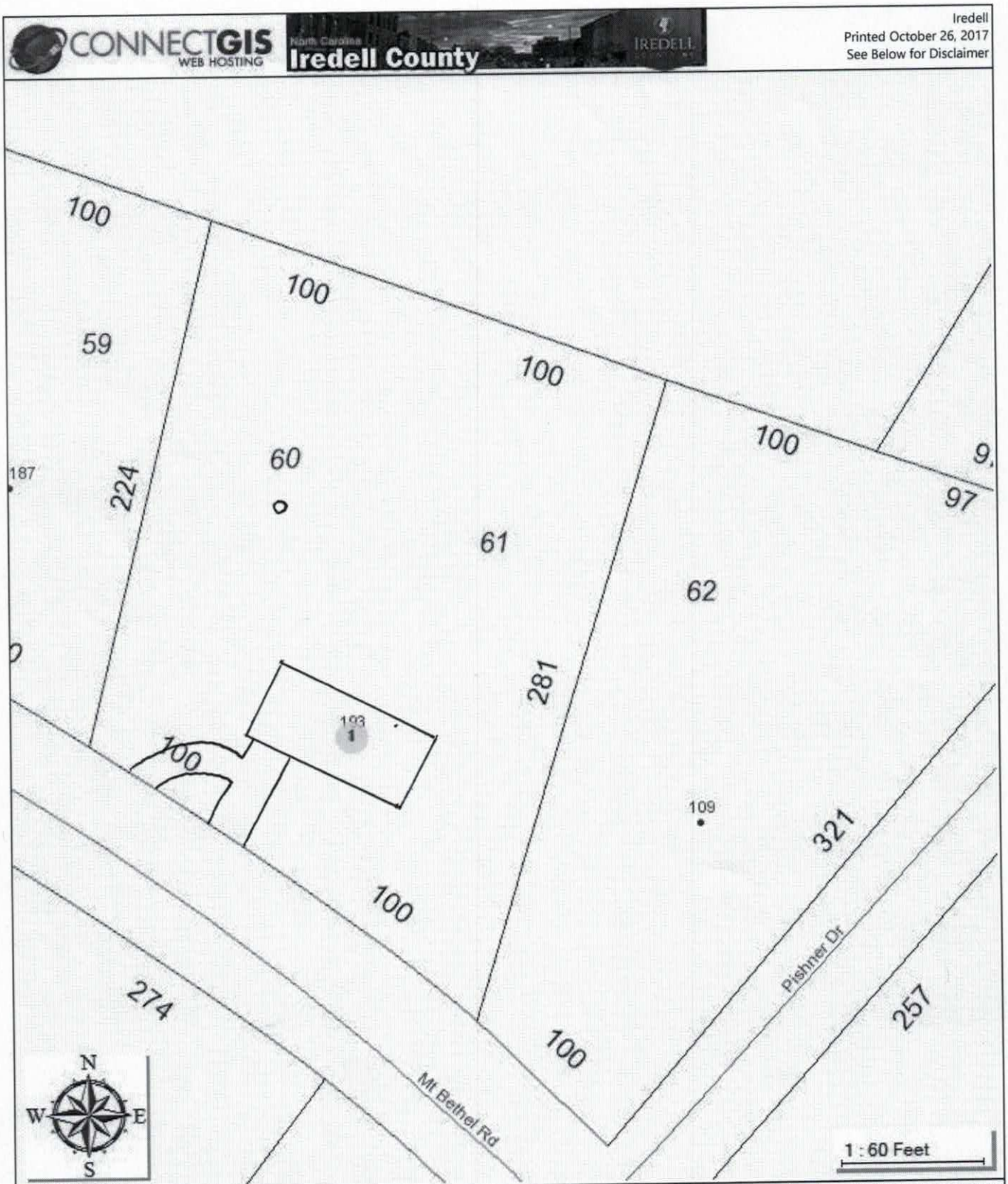
USE THIS SPACE TO DRAW YOUR SITE PLAN

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: Franklin Leroy Snow
Property owner or owner's legal representative signature (SIGNATURE REQUIRED)

10-24-17
DATE



The maps prepared for this website are generated from recorded deeds, plats, and other public records. Users of these maps are hereby notified that the information provided herein should be verified. Iredell County assumes no legal responsibilities for any of the information contained on this site. Users are advised that the use of any of this information is at their own risk. All maps on this site were prepared using a 1000â€™ Grid based upon the North Carolina State Plane Coordinate System from the 1983 North American Datum. The delinquent real property tax overlay is updated monthly. The information presented is not intended to be used or relied upon as official notice of tax liens. For additional information regarding delinquent taxes, contact the Iredell County Tax Collector's Office.

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 J. Troy Snow DATE 4-19-85 PERMIT NO. _____

PHONE: Business _____ Home _____

LOCATION 21 N. From SR 2136 - 1st Brick House S. R. No 2136

on left

SUBDIVISION NAME _____ LOT NO. _____ SECTION OR BLOCK NO. _____

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

No. Bedrooms _____ No. Bathrooms _____

Garbage Disposal Unit Yes ( ) No ( )

Auto. Dishwasher Yes ( ) No ( )

Auto. Wash. Machine Yes ( ) No ( )

Site Suitable Yes ( ) No ( )

Repair

Character & Porosity of Soil _____

Percolation Rate _____

Topography Existing

Depth to Water Table _____

Rock or other impervious formations _____

Lot Area _____

_____ Basement with Plumbing _____ Basement without Plumbing ✓ No Basement

Size of Tank Existing Gals.

Nitrification Field:

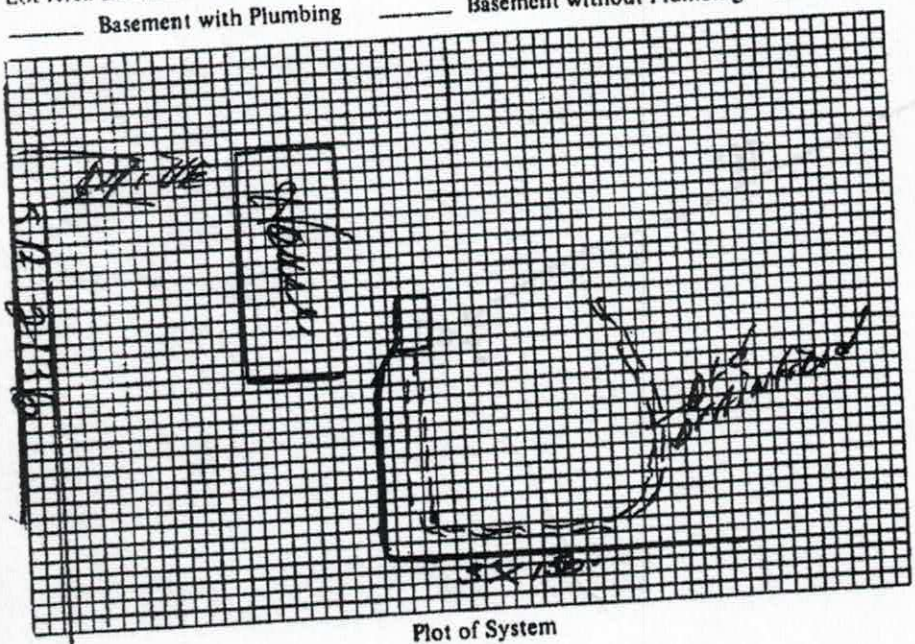
No. of Lines 1

Sq. Ft. 450 Linear Ft. 450

Depth of Stone in Lines 10"

Water Supply: Individual (✓)

Public ( )



Plot of System

Installed by A A Enterprises

I understand and agree to install septic tank system as specified on this Improvements Permit.

Signed: _____

IMPROVEMENTS PERMIT BY _____

COMMENTS: _____

CERTIFICATE OF COMPLETION BY _____ DATE 4/19/85

EXISTING SYSTEM CHECKED BY: _____ DATE _____

CONSTRUCTION MUST COMPLY WITH ALL OTHER APPLICABLE STATE AND LOCAL REGULATIONS.

Permit is VOID if any unauthorized changes are made in installation of system and/or if any false information is supplied in making Improvements Permit.

Health Dept. Copy: White Inspection Dept. Copy: Yellow Sanitarian's Copy: Pink Owner's Copy: Gold