CW MANF-2023-30828

# ICHD - ENVIRONMENTAL HEALTH DIVISION

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 2023-29497

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

PIN # 4798 -- 26 -- 8502

APPLICANT/OWNER: Jeannie Moore APPLICANT ADDRESS: 109 Evans Valley Ln, Statesville, NC 28625

SITE ADDRESS: 109 Evans Valley Ln, Statesville, NC 28625 PHONE: (980) 665-6827 ALT. PHONE –

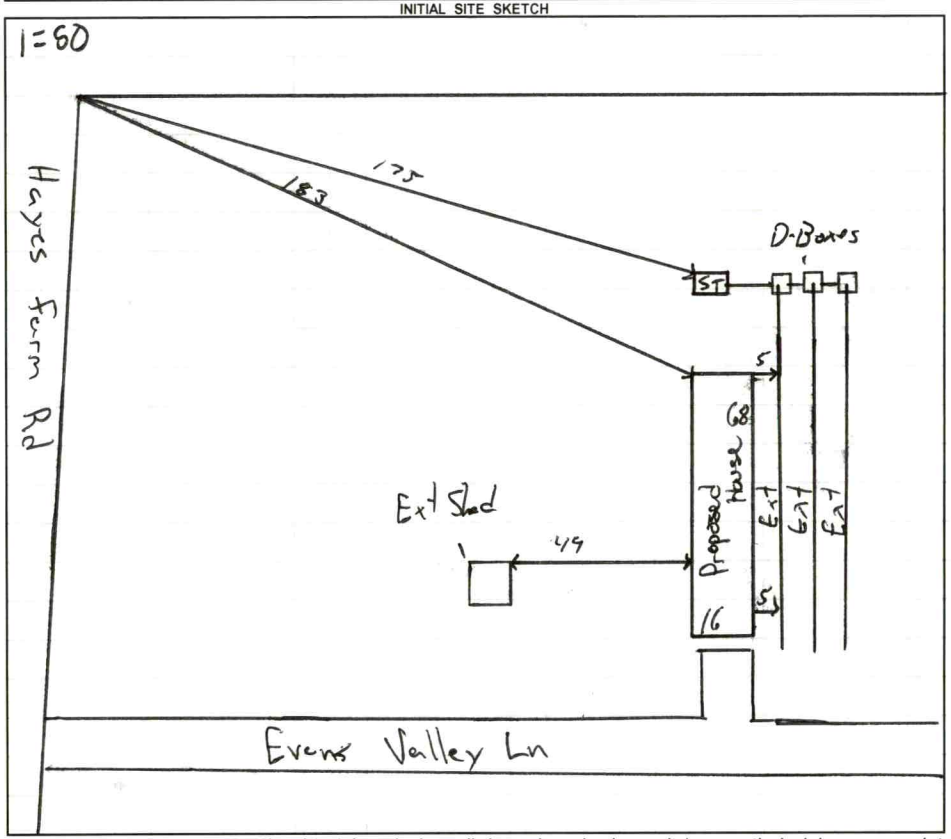
SITE DIRECTIONS: US-64E (L) Society Church Rd, (R) Hayes Farm Rd, (R) Evans Valley SAP CONTROLLED: ☐ YES ☐ NO

SUBDIVISION: Evans MHP SECTION: – LOT # – LOT AREA: 37.88AC DESIGN FLOW: Ext L.T.A.R.: Ext

| | | | | | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Septic Tank | Ext | (gal) | STB | Date | ☐ 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: | * Existing System | | | | | | | | ☐ Business | No. Persons | 4 | ☐ Private |
| Pump Make | | Model | | Serial # | Repair System Description: | | | | | | | | | ☐ Other | No. Employees | | ☐ Public |
| # Nitrification Fields | Ext | # Lines | Ext | Linear Ft | Ext | Maintenance Agreement Required: | ☐ YES | ☑ NO | | | | | | ☐ Slab | ☑ Crawl Space | | ☑ Community |
| Trench Width | Ext | Trench Bottom Depth(Low side) | Ext | Gravel Depth | Ext | ☑ GRAVITY | ☐ PRESSURE | | | | | | | ☐ Basement w/plumbing | | | ☐ Basement w/o plumbing |

Comments / Conditions: System appeared to be working properly during inspection. No sewage found on other mobile homes

INITIAL SITE SKETCH




AS BUILT SKETCH

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 confirm your time.

*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: On file Signature Date: Installed by:

IMPROVEMENT PERMIT by: Date: OPERATION PERMIT by: Date:

AUTHORIZATION TO CONSTRUCT by: Date: Existing System Inspected by: Matt Wh Date: 7/21/23

FOR SEPTIC FINAL INSPECTION: CALL 704-664-3703 between 8am-9am the day the inspection is needed.

| Item | Date | Initials |
|---|---|---|
| Drain Lines Checked | | |
| Tanks Checked | | |
| Pressure Manifold or Valve Box Checked | | |
| Pressure Head Set | | |
| Electrical Checked | | |
| Floats Set | | |
| Alarm Checked | | |
| Maintenance Contract Needed? Y / N | | |
| Comments: | | |
| | | |
| | | |

| Repairs Only | |
|---|---|
| | State Code |
| Failing System Code | |
| Type of Distribution | G or P |
| Type of Failure/Malfunction | |
| Primary Cause of Failure/Malfunction | |
| | |
| Age of System? _____ | |
| Initial or Repair? _____ | |

# PERMIT SNAPSHOT REPORT OSWP-2023-29497 FOR IREDELL COUNTY

| | | | | | |
|---|---|---|---|---|---|
| **Permit Type** | Environmental Health OSWP | **Project:** | | **App Date:** | 06/28/2023 |
| **Work Class:** | EH Septic Permit | **District:** | Iredell County | **Exp Date:** | NOT AVAILABLE |
| **Status:** | In Progress | **Square Feet:** | 0.00 | **Completed:** | NOT COMPLETED |
| **Valuation:** | $0.00 | **Assigned To:** | Wilkinson, Matthew | **Approval Expire Date:** | |

**Description:** Mobile home being put on lot in park (EXISTING PERMIT) GOING IN MOBILE HOME PARK- Own said address is 111 rather than 109- SH. MANF-2023-30828. CP said address 111 doesn't exist s/b 109.

| | | |
|---|---|---|
| **Parcel:** 4798268502.000 Main | **Address:** 109 Evans Valley Ln Main<br>Statesville, NC 28625 | **Zone:** RA(Residential Agricultural District) |

| | | |
|---|---|---|
| Applicant/Authorized Agent<br>Tommy Moore<br>Mobile: (980) 565-6827 | Property Owner<br>Teresa Evans<br>Mobile: (828) 578-1149 | Applicant/Authorized Agent<br>Jeannie L Moore<br>109 Evans Valley Lane<br>Statesville, NC 28625 |

**Permit Custom Fields**

| | | | | | |
|---|---|---|---|---|---|
| How is your site plan being submitted | Custom Site Plan | Septic Application/Permit Type | Existing System Inspection | Does the site contain any jurisdictional wetlands | No |
| Non-domestic Sewage Generated | No | Other Public Agency | No | All proposed structure dimensions | 16x68 |
| What are the proposed structures | Manufactured Home | Type of New Single-Family Residence | Mobile Home | Maximum Number of Bedrooms | 2 |
| If other Addition/Structure, please explain | | Number of Occupants | 2 | Foundation Type | Crawl Space Foundation |
| Residential/Business/Other | Residential | Number of Employees | 0 | Water Supply | Existing Well |
| Desired Septic System Type | Conventional (most common) | Has this project been approved by TRC | No | Lot Acreage | 37.88 |
| Front Setback | 15 | Back Setback | 25 | Left Setback | 20 |
| Right Setback | 20 | Zoning Permit Issued Date | Jul 13 2023 12:00AM | Zoning Permit Expiration Date | Jan 9 2024 12:00AM |
| Is the structure or development in the floodplain | No | Is the property in a local historic district? | No | Is the property located downtown? | No |
| Zoning Notes/Addendums | Mobile home parks --Must be 20' from other mobile homes not really 20' off sides<br>Deb had talked to Rebecca about setbacks and then I called also.<br><br>REQUIREMENTS FOR AL SINGLEWIDE MOBILE HOMES Must meet requirement R10 of the LDC. Must remove the towing apparatus, if it cannot be removed, it shall be screened; Must have a continuous underpinning; Must have 36 square foot front porch constructed within | | 12 inches of the floor elevation; Must have approved steps at all other secondary entrances and exits; Must face front property line and be no more than 20 degrees from parallel to the front property line. Original home must be removed before Certificate of Occupancy can be approved. | Additional Unique Setbacks Apply | No |

# PERMIT SNAPSHOT REPORT (OSWP-2023-29497)

| | |
|---|---|
| Watershed | NOT IN A WATERSHED |

| Attachment File Name | Added On | Added By | Attachment Group | Notes |
|---|---|---|---|---|
| Signature_Jeannie_Moore_6/28/2023.jpg | 06/28/2023 14:43 | Moore, Jeannie | | Uploaded via CSS |
| Scan Jun 28, 2023 (3)_v1.pdf | 06/28/2023 16:11 | COMEAUX, DEBRA | Available Online | Authorize to Act as Agent |
| Scan Jun 28, 2023 (5)_v1.pdf | 06/28/2023 16:11 | COMEAUX, DEBRA | Available Online | Floor Plan(s) |
| 109 EVANS VALLEY LN SITE PLAN - PLOT PLAN.pdf | 06/29/2023 9:03 | COMEAUX, DEBRA | Available Online | SITE PLAN |
| 109 evans valley site plan with measurements ok per Rebecca.pdf | 06/29/2023 9:53 | Horton, Amanda | | |

| Inspection Number | Status | Inspection Type | Request Date | Scheduled Start Date | Scheduled End Date | Actual Start Date | Actual End Date |
|---|---|---|---|---|---|---|---|
| 2023-115365 | Passed - Permit | OSWP Septic/Well Preliminary Site Visit | 07/18/2023 | 07/18/2023 0:00 | 07/18/2023 0:00 | 07/18/2023 9:59 | 07/18/2023 9:59 |

**Inspectors:** Holland, Sydney (Primary)

| Checklist Item | Description | Passed | Comments |
|---|---|---|---|
| General Comments | Checklist item used to track general comments, not specific to any other checklist item | No | |

| Linked Record Relationship | Module | Record Number | Linked Record Type | Linked Record Work Class |
|---|---|---|---|---|
| Parent | Permit | MANF-2023-30828 | Manufactured Homes | Singlewide |

| Invoice No. | Fee | Fee Amount | Amount Paid |
|---|---|---|---|
| INV-00016646 | Existing System Inspection | $250.00 | $250.00 |
| | Iredell Zoning Tech Fee | $2.25 | $2.25 |
| | Iredell Zoning Permit Fee | $75.00 | $75.00 |
| | Total for Invoice INV-00016646 | $327.25 | $327.25 |
| | **Grand Total for Permit** | **$327.25** | **$327.25** |

| Workflow Step / Action Name | Action Type | Start Date | End Date |
|---|---|---|---|
| **Application Completeness Check v.1** | | 06/29/2023 9:04 | 06/29/2023 9:05 |
| Confirm application complete v.1 | Generic Action | | 06/29/2023 9:05 |
| **Fees v.1** | | 06/29/2023 9:54 | 07/13/2023 10:44 |
| Fees Paid v.1 | Generic Action | | 07/13/2023 10:44 |
| Issue Invoice v.1 | Generic Action | | 06/29/2023 9:54 |
| **Zoning Review v.1** | | 06/29/2023 9:53 | 07/13/2023 10:47 |
| ~~Floodplain Admin Overview v.1~~ | Task | | 06/29/2023 9:53 |
| Iredell County Zoning Approval v.1 | Task | 06/29/2023 9:53 | 07/13/2023 10:47 |
| Issue Invoice v.1 | Generic Action | | 06/29/2023 9:54 |
| Fees Paid v.1 | Generic Action | | 07/13/2023 10:44 |
| **Lot Readiness Verification v.1** | | 07/18/2023 9:59 | |
| OSWP Septic Preliminary Site Visit v.1 | Inspection | 07/18/2023 9:59 | 07/18/2023 10:00 |
| OSWP Site Evaluation v.1 | Inspection | | |
| Issue Improvement Permit v.1 | | | |
| Issue Invoice v.1 | Generic Action | | |
| Fees Paid v.1 | Generic Action | | |
| Issue Permit v.1 | Generic Action | | |
| Permit Completion Process v.1 | | | |
| Authorization to Construct Permit v.1 | Create Sub Permit | | |
| Issue Authorization to Construct v.1 | Generic Action | | |


4798-17-4213
4798-37-5759
Hayes Farm Rd
105
109
115
Evans Valley Ln
4798-26-8502
116
108
102

OWNER OR CONTRACTOR Michael Evans DATE 5-3-88 PERMIT NO.

PHONE: Business Home

LOCATION Society Ch. Rd TR on Hayes Rd 60 1/4 Mile on Right S. R. No.

SUBDIVISION NAME LOT NO. 4 SECTION OR BLOCK NO.

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

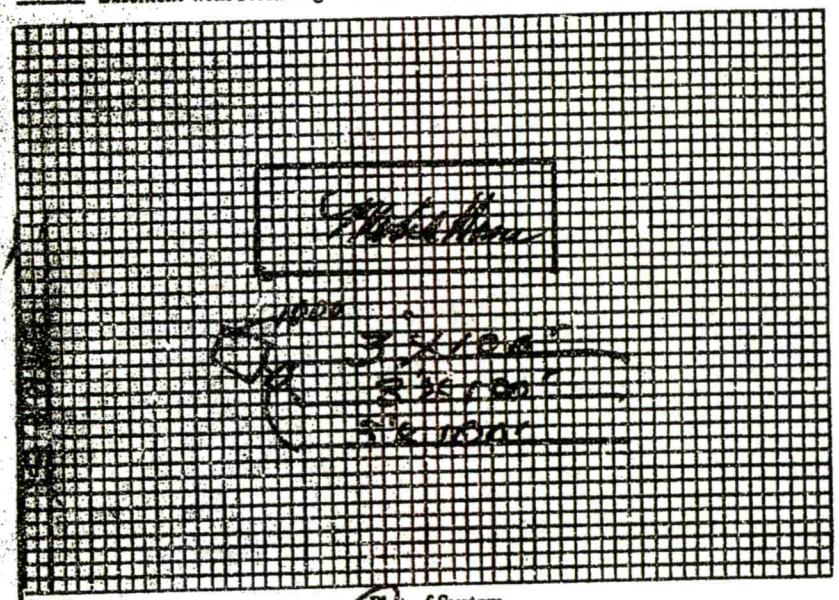
No. Bedrooms 3 No. Bathrooms 2

Garbage Disposal Unit Yes ( ) No (✓)
Auto. Dishwasher Yes (✓) No ( )
Auto. Wash. Machine Yes (✓) No ( )
Site Suitable Yes (✓) No ( )

Character & Porosity of Soil Clayey ft sand
Percolation Rate 4 Dec Sept 82 - 60 min
Topography
Depth to Water Table
Rock or other impervious formations None

Lot Area 100 x 200

____ Basement with Plumbing ____ Basement without Plumbing ____ No Basement




Plot of System

Size of Tank 1000 Gals.

Nitrification Field:
No. of Lines 3
Sq. Ft. 900 Linear Ft. 300
Depth of Stone in Lines 12"

Water Supply: Individual (✓)
Public ( )

Installed by Wayne Lott

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

Signed:

IMPROVEMENTS PERMIT BY J. A. Moore

COMMENTS:

CERTIFICATE OF COMPLETION BY Steve Todd DATE 7-5-88

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.

OWNER OR CONTRACTOR Michael Evans DATE 4-15-88 PERMIT NO.

PHONE: Business Home

LOCATION 64E TL on Society Rd TR on Hayes Rd 1/2mi on Rt. S. R. No.

SUBDIVISION NAME Evans MHP LOT NO. 2 SECTION OR BLOCK NO.

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

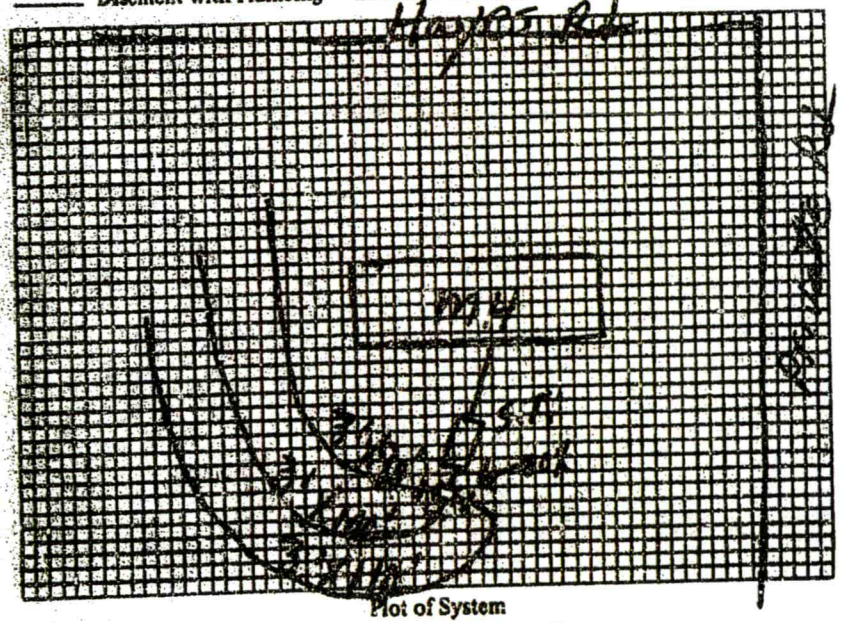
No. Bedrooms 3 No. Bathrooms 2

Garbage Disposal Unit Yes ( ) No (✓)
Auto. Dishwasher Yes ( ) No (✓)
Auto. Wash. Machine Yes (✓) No ( )
Site Suitable Yes (✓) No ( )

Character & Porosity of Soil clayey
Percolation Rate .4
Topography 2 to 6%
Depth to Water Table 10'+
Rock or other impervious formations none

Lot Area 100' X 200'

___ Basement with Plumbing ___ Basement without Plumbing ___ No Basement



Plot of System

Size of Tank 1000 Gals.

Nitrification Field:
No. of Lines 3
Sq. Ft. 900 Linear Ft. 300
Depth of Stone in Lines 12"

Water Supply: Individual ( )
Public (✓)

Installed by Don Lackey

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

Signed:

IMPROVEMENTS PERMIT BY R. C. Moore

COMMENTS:

CERTIFICATE OF COMPLETION BY R. C. Moore DATE 4-15-88

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.

105

OWNER OR CONTRACTOR Michael Evans DATE 6-13-85 PERMIT NO.

PHONE: Business Home

LOCATION 64 E. Tar Heel Church Rd. Rt. Tar Heel
60 1/2 Miles on Rt
S. R. No.

SUBDIVISION NAME Evans MHP LOT NO. 1 SECTION OR BLOCK NO.

House ( ) Mobile Home ( ) Business ( ) Other

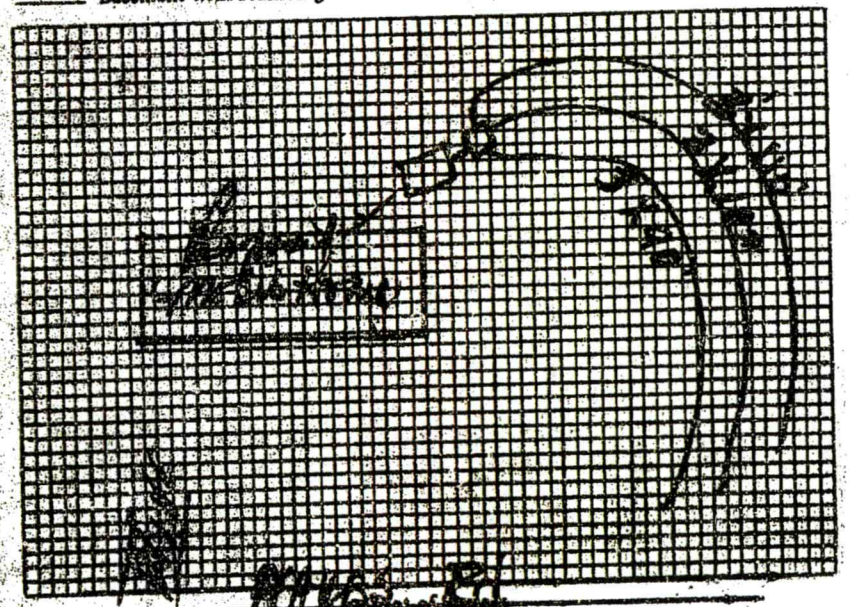
No. Bedrooms 3 No. Bathrooms 2

| | | |
|---|---|---|
| Garbage Disposal Unit | Yes ( ) | No (✓) |
| Auto. Dishwasher | Yes ( ) | No (✓) |
| Auto. Wash. Machine | Yes (✓) | No ( ) |
| Site Suitable | Yes (✓) | No ( ) |

Character & Porosity of Soil Clayey
Percolation Rate 60 min/in
Topography
Depth to Water Table 10'
Rock or other impervious formations

Lot Area 10454.200

____ Basement with Plumbing ____ Basement without Plumbing ✓ No Basement



Size of Tank 1000 Gals.
Nitrification Field:
No. of Lines 3
Sq. Ft. 900 Linear Ft. 300
Depth of Stone in Lines 12"
Water Supply: Individual ( )
Public (✓)

Installed by Myers Septic Co.

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

Signed:

IMPROVEMENTS PERMIT BY J.C. Moore

COMMENTS:

CERTIFICATE OF COMPLETION BY Darren Weaver & H. Fry DATE 6/18/85

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.

# ICHD - ENVIRONMENTAL HEALTH DIVISION

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # AP 329254

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

PIN # 4798 -- 26 -- 8502

APPLICANT/OWNER: Lindsey Shaw APPLICANT ADDRESS: 45292 Wildwood Rd, Richfield

SITE ADDRESS: 108 Evans Valley Ln, Statesville 28625 PHONE: 828-455-8083 ALT. PHONE -

SITE DIRECTIONS: 64 E - Society - Hayes Farm - Evans Valley SAP CONTROLLED: ☐ YES ☐ NO

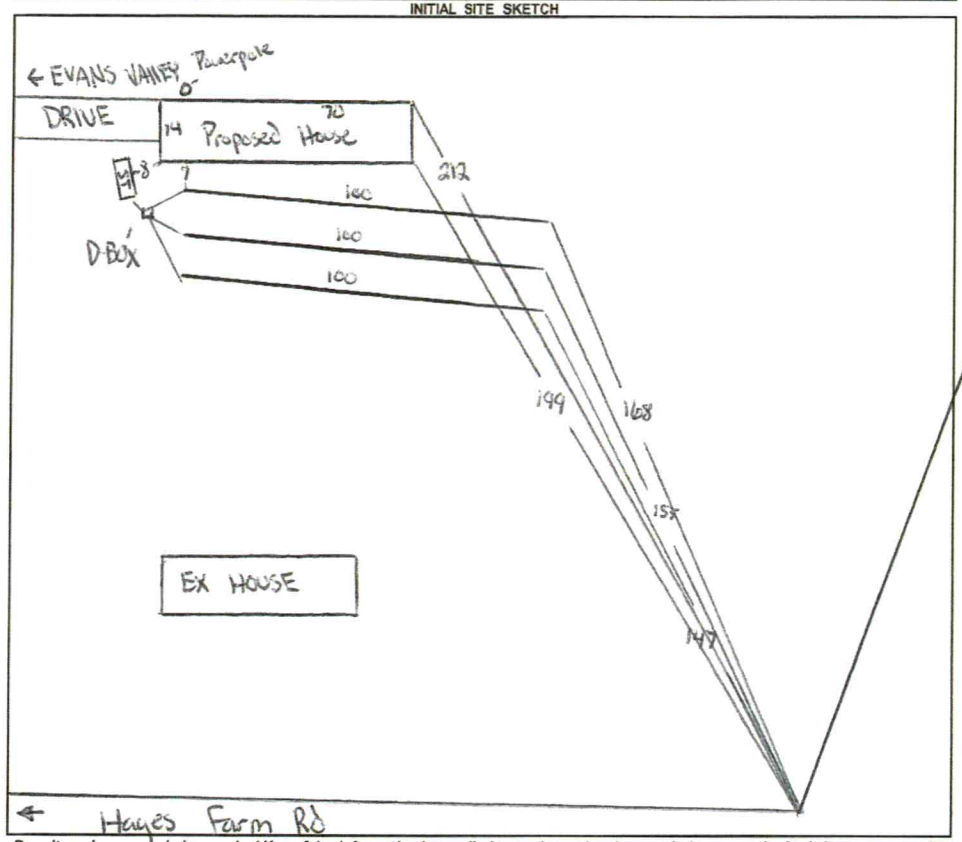
SUBDIVISION: Evans MHP SECTION: - LOT # - LOT AREA: 37.88 acres DESIGN FLOW: EX L.T.A.R.: EX

| | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|
| Septic Tank | EX | (gal) | STB | | Date | | ☐ New System ☐ Repair ☐ Expansion | System Type: I (II) III IV V VI | ☒ Residence | No. Bedrooms | 3 |
| Pump Tank | | (gal) | PT | | Date | | System Description: | EXISTING | ☐ Business | No. Persons | 6 |
| Pump Make | | Model | | | Serial # | | Repair System Description: | EXISTING | ☐ Other | No. Employees | |
| # Nitrification Fields | EX | # Lines | EX | | Linear Ft | EX | Maintenance Agreement Required: | ☐ YES ☒ NO | ☐ Slab | ☒ Crawl Space | |
| Trench Width | EX | Trench Bottom Depth(Low side) | | EX | Gravel Depth | EX | ☒ GRAVITY ☐ PRESSURE | | ☐ Basement w/plumbing | ☐ Basement w/o plumbing | |

**Water Supply**: ☐ Private ☐ Public ☐ Community

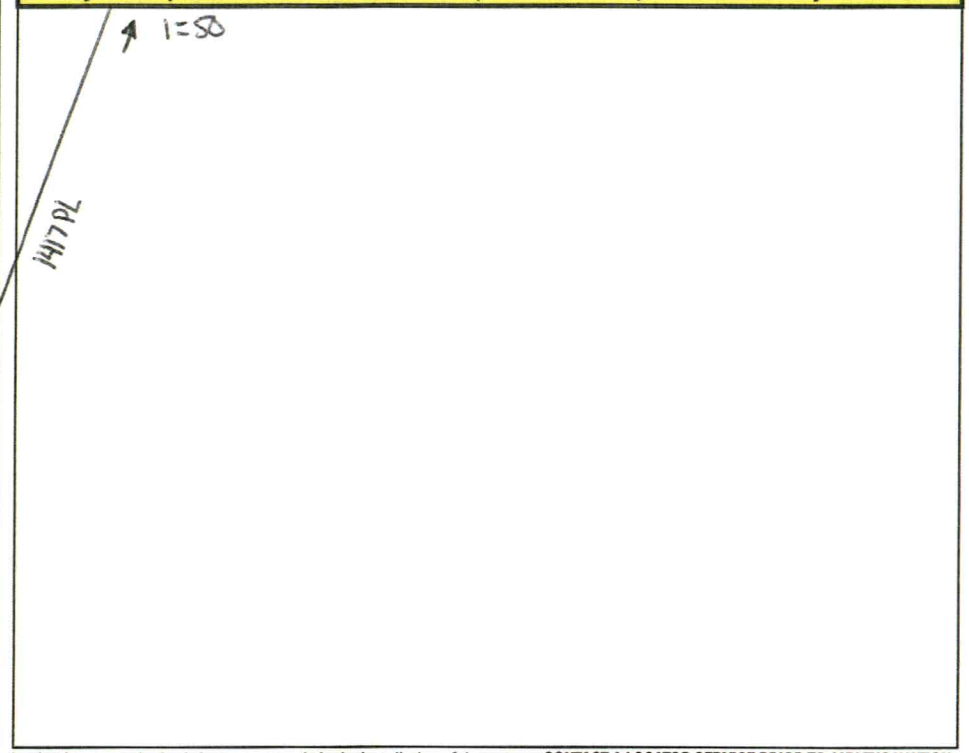
Comments / Conditions: System appeared to be working at time of inspection. Do not park, drive, or grade septic area.

INITIAL SITE SKETCH




AS BUILT SKETCH

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 confirm your time.




*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: Lindsey Shaw Date: 7-29-22 Installed by:

IMPROVEMENT PERMIT by: Date: OPERATION PERMIT by: Date:

AUTHORIZATION TO CONSTRUCT by: Date: Existing System Inspected by: Cory Whit Date: 6/13/22

FOR SEPTIC FINAL INSPECTION: CALL 704-664-3703 between 8am-9am the day the inspection is needed.

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# IREDELL COUNTY HEALTH DEPARTMENT

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

## IMPROVEMENT PERMIT / CERTIFICATE OF COMPLETION / OPERATION PERMIT / EXISTING SYSTEM INSPECTION

PROPERTY DESCRIPTION NO. 19243 DATE 8-23-94 TAX MAP NO. 5R-2A-55 Watershed: ☐ Yes ☑ No

OWNER OR CONTRACTOR Jeffrey Cash PHONE: Business _____ Home _____

ADDRESS _____

LOCATION 70E TR Shiloh ch Rd TR Into Homestead Est. 1st lot Left

SUBDIVISION _____ BLOCK / SECTION _____ LOT _____ LOT AREA _____ SITE CLASS. _____ DESIGN FLOW _____ L.T.A.R. _____

Septic Tank: 1000 Gallons; STB _____ Date May 90

Pump Tank: _____ Gallons; PT _____ Date _____

Pump Make: _____ Model _____ Serial No. _____

Nitrification Field: No Fields 1 Square Feet 720 Linear Feet 240

No Lines 3 Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth 12"

☐ New System ☐ Repair System Type: I. II. III. IV. V. VI

System Description: _____

Repair System Description: _____

Maintenance Agreement Required: ☐ Yes ☐ No

☑ House/Mod. Home No. Bedrooms 3

☐ Mobile Home No. Bathrooms 2

☐ Business No. Employees _____

☐ Other _____

☐ Slab ☑ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

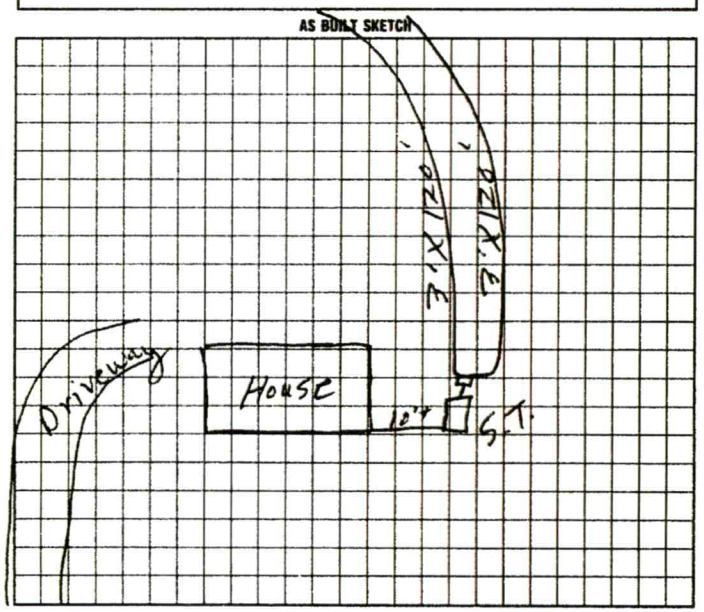
Water Supply: ☐ Individual ☑ Community ☐ Public

Comments:

Comments:

INITIAL SITE SKETCH

AS BUILT SKETCH




I understand that this 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 is valid for 60 months from date of issuance.

Signed: _____ Installed by: Donald Lackey

Improvement Permit by: _____ date _____ Certificate of Completion by: David Hinson date 5-25-90

Existing System Inspection by: R. C. Moore date 8-23-94 Operation Permit by: _____ date _____

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

# IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 237136

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

PIN # 4798268502.109

APPLICANT/OWNER: Teresa Evans Hays APPLICANT ADDRESS: 479 Vaughn Mill Rd. Statesville, NC

SITE ADDRESS: 109 Evans Valley Ln. Statesville, NC PHONE: 828-578-1149 ALT. PHONE —

SITE DIRECTIONS: US 64E → L on Ridge Rd → R on Hayes Farm → R on Evans Valley → 2nd home on L SAP CONTROLLED: ☐ YES ☐ NO

SUBDIVISION: — SECTION: — LOT # — LOT AREA: 37.88ac DESIGN FLOW: existing L.T.A.R.: —

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| Septic Tank | existing | (gal) | STB | | Date | | | | |
| Pump Tank | | (gal) | PT | | Date | | | | |
| Pump Make | | | Model | | Serial # | | | | |
| # Nitrification Fields | | # Lines | | | Linear Ft | | | | |
| Trench Width | EXISTING | Trench Bottom Depth (Low side) | | | Gravel Depth | | | | |

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

System Description: EXISTING

Repair System Description:

Maintenance Agreement Required: ☐ YES ☒ NO

☒ GRAVITY ☐ PRESSURE

☒ Residence No. Bedrooms existing

☐ Business No. Persons

☐ Other No. Employees

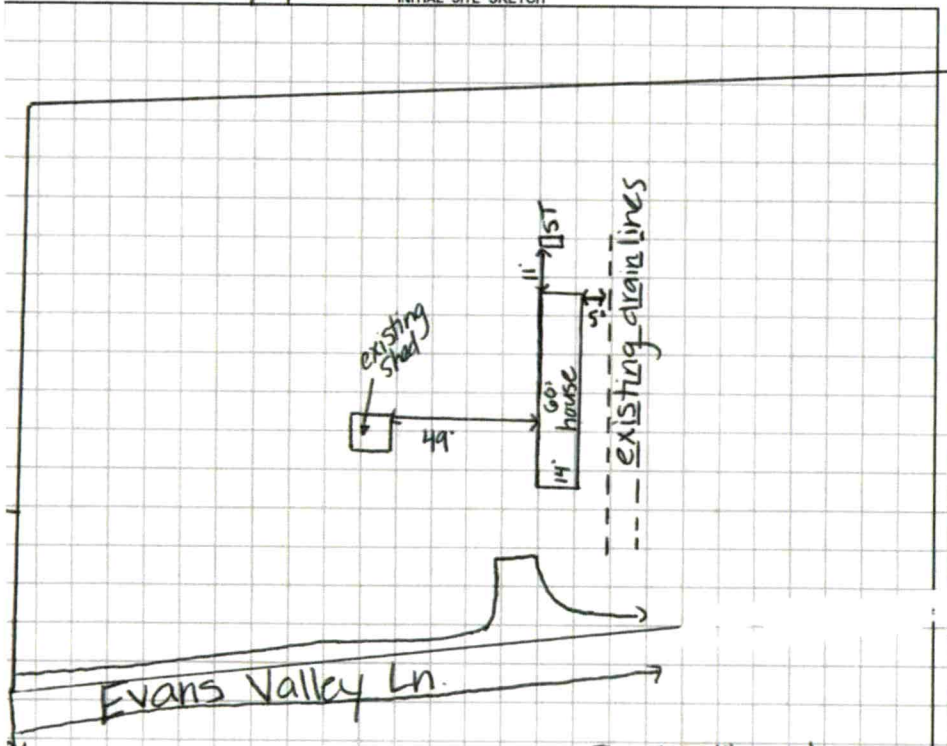
☐ Slab ☒ Crawl Space

☐ Basement w/plumbing ☐ Basement w/o plumbing

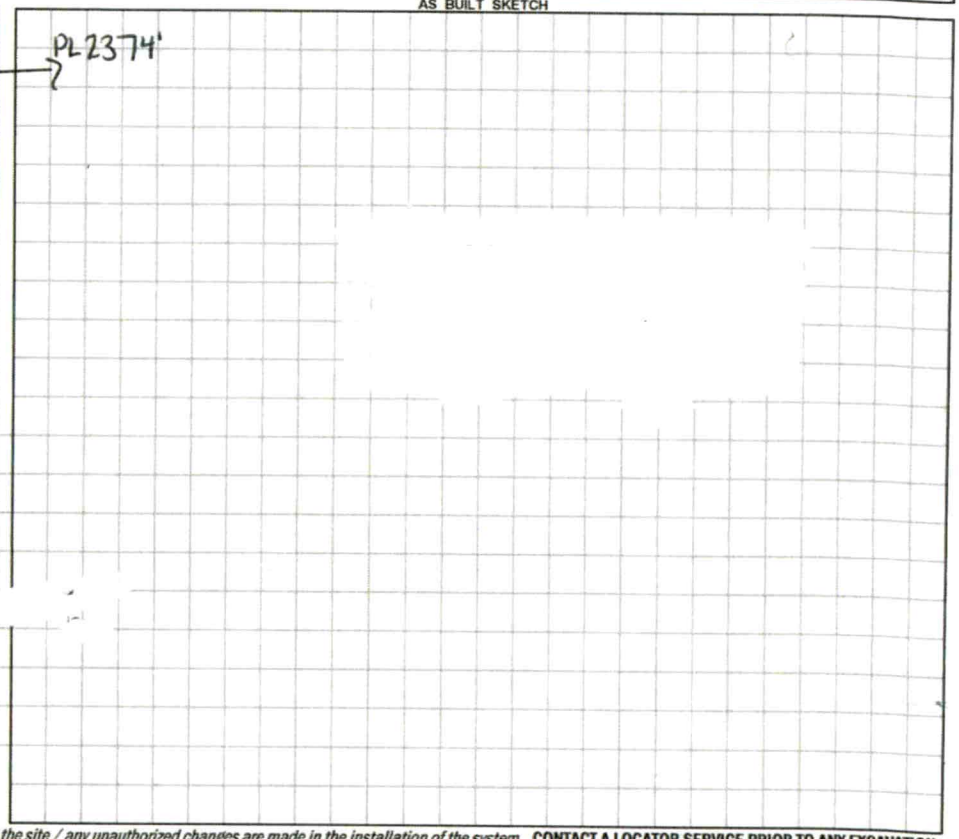
Water Supply: ☐ Private ☐ Public ☒ Community

Comments / Conditions: First drain line exactly 5' from proposed home location. Do NOT shift house! Maintain a minimum of 5' from any part of septic.

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: Teresa Hays Date: 7/24/18 Installed by: —

IMPROVEMENT PERMIT by: — Date: — OPERATION PERMIT by: — Date: —

AUTHORIZATION TO CONSTRUCT by: — Date: — Existing System Inspected by: Krista Wilson Date: 7-20-18

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

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

## IMPROVEMENT PERMIT / CERTIFICATE OF COMPLETION / OPERATION PERMIT / EXISTING SYSTEM INSPECTION

PROPERTY DESCRIPTION NO. 22100 DATE 9-14-95 TAX MAP NO. 12C-A-42 Watershed: ☐ Yes ☑ No

OWNER OR CONTRACTOR K. PERRY CARTNER, SR PHONE: Business 596-2141 Home 546-7262

ADDRESS 1418 E. MEMORIAL HWY, HARMONY NC 28634

LOCATION US 21 N, TR NC901, TR HAYES FARM RD, TL EVANS MHP, 2ND MH ON LEFT

SUBDIVISION G.M. EVANS MHP BLOCK / SECTION ____ LOT ____ LOT AREA LIMITED SITE CLASS PS DESIGN FLOW 240 L.T.A.R. EXISTING

Septic Tank: 1000 Gallons; STB ____ Date ____

Pump Tank: ____ Gallons; PT ____ Date ____

Pump Make: ____ Model ____ Serial No. ____

Nitrification Field: No Fields ____ Square Feet ____ Linear Feet EXISTING

No Lines 2 Trench Width ____ Max Trench Bottom Depth ____ Gravel Depth ____

☐ New System ☐ Repair System Type: ☐ I ☐ II ☐ III ☐ IV ☐ V ☐ VI

System Description: CONV. GRAVITY

Repair System Description: ____

Maintenance Agreement Required: ☐ Yes ☑ No

☐ Slab ☑ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

☐ House/Mod. Home No. Bedrooms 2

☑ Mobile Home No. Bathrooms 2

☐ Business No. Employees ____

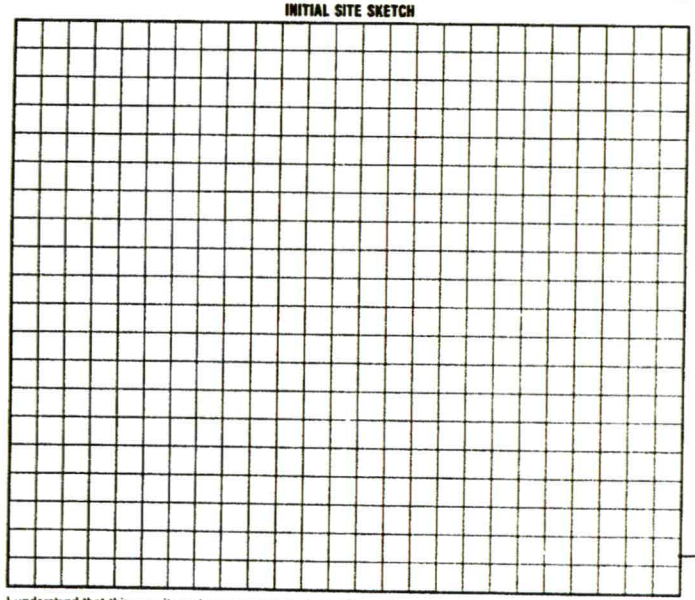
☐ Other ____

Water Supply:
☐ Individual
☑ Community
☐ Public

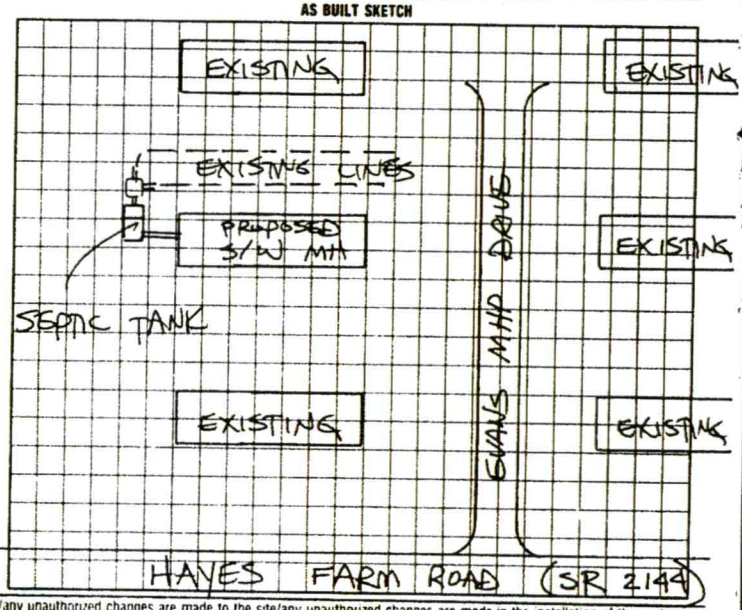
Comments:

Comments: KEEP MH MINIMUM 5' FROM SYSTEM

**INITIAL SITE SKETCH**



**AS BUILT SKETCH**




I understand that this 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.

Signed: ____

Improvement Permit by: ____ date ____

Existing System Inspection by: STEVE HEDRICK date 9-14-95

Installed by ____

Certificate of Completion by ____ date ____

Operation Permit by ____ date ____

HEALTH DEPT. COPY WHITE INSPECTION COPY (FINAL) GREEN OWNER COPY (FINAL) YELLOW INSPECTION COPY (INITIAL) PINK OWNER COPY (INITIAL) GOLD

# Site Plan


septic
Proposed Home
water
DRIVEWAY
Evans Valley Lane
HAynes Farm Rd

OWNER OR CONTRACTOR Michael Evans DATE 5 8 88 PERMIT NO. _____

PHONE: Business _____ Home _____

LOCATION Society Ch Rd Turn on Hayes Rd Vernon Rt _____ S. R. No. _____

SUBDIVISION NAME Evans MH Pk LOT NO. 5 SECTION OR BLOCK NO. _____

US

109

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

No. Bedrooms 3 No. Bathrooms 2

Garbage Disposal Unit Yes ( ) No (✓)

Auto. Dishwasher Yes (✓) No ( )

Auto. Wash. Machine Yes (✓) No ( )

Site Suitable Yes (✓) No ( )

Lot Area 100X200

Character & Porosity of Soil Clayey

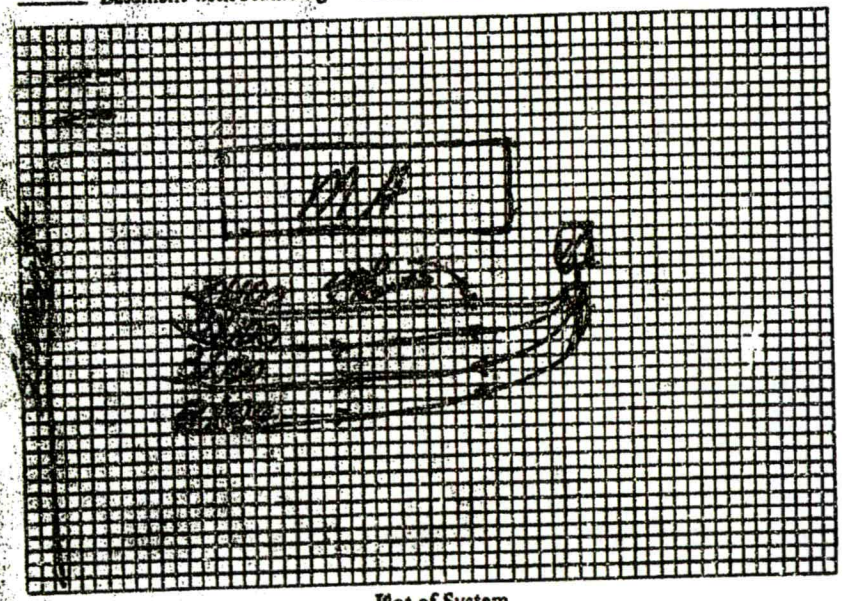
Percolation Rate 3

Topography 2 to 8%

Depth to Water Table 18+

Rock or other impervious formations None

_____ Basement with Plumbing _____ Basement without Plumbing _____ No Basement




Plot of System

Size of Tank 1000 Gals.

Nitrification Field:

No. of Lines 4

Sq. Ft. 1200 Linear Ft. 400

Depth of Stone in Lines 12"

Water Supply: Individual (✓)

Public ( )

Installed by Wayne Potts

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

Signed: _____

IMPROVEMENTS PERMIT BY JC Moore

COMMENTS: _____

CERTIFICATE OF COMPLETION BY D Weems P Bloomfield DATE 5 8 88

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.