IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 23938

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

PIN # ~~4659219294.000~~

APPLICANT/OWNER: Darlyn Rivers APPLICANT ADDRESS: 124 Boundary Lane Harmony NC 28634

SITE ADDRESS: 124 Boundary Lane Harmony NC 28634 PHONE: 704-437-3675 ALT. PHONE 704-239-3693 - Deena Abee

SITE DIRECTIONS: 40 E to exit 142 @ on 64 @ on 901 @ on Boundary Property on Right SAP CONTROLLED: ☐ YES ☒ NO

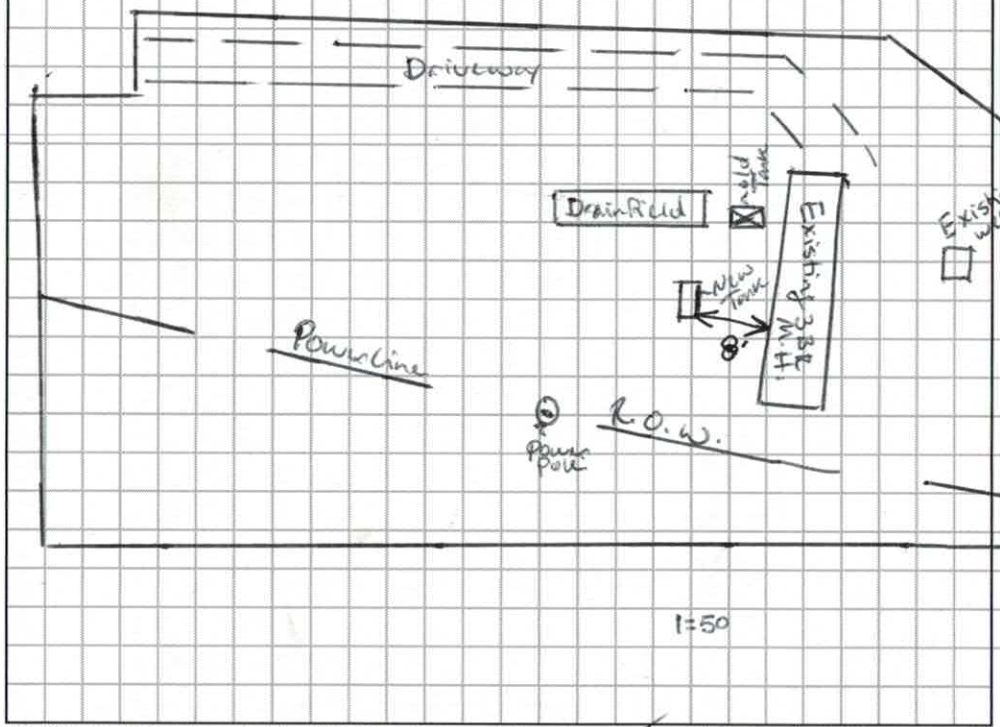
SUBDIVISION: ✓ SECTION: — LOT # LOT AREA: .812 AC DESIGN FLOW: 360 gpd L.T.A.R.: Existing

Septic Tank	1000	(gal)	STB 160	Date	11-3-18	☐ New System	☒ Repair	☐ Expansion	System Type: I (II) III IV V VI	☒ Residence	No. Bedrooms 3
Pump Tank		(gal)	PT	Date		System Description:				☐ Business	No. Persons 6
Pump Make		Model		Serial #		Repair System Description:	Tank Replacement			☐ Other	No. Employees
# Nitrification Fields	EXT	# Lines	EXT	Linear Ft	EXT	Maintenance Agreement Required:	☐ YES	☒ NO		☐ Slab	☒ Crawl Space
Trench Width	EXT	Trench Bottom Depth(Low side)	EXT	Gravel Depth	EXT		☒ GRAVITY	☐ PRESSURE		☐ Basement w/plumbing	☐ Basement w/o plumbing

Water Supply: ☒ Private ☐ Public ☐ Community

Comments / Conditions: Previous Permits from 1974 + 2003 give property + Septic System 3BR credit. Pump/Crush/Fill Old Septic Tank. Install New Septic Tank 5ft min away from any Building Foundation. Do not park, or drive on the System.

INITIAL SITE SKETCH



AS BUILT SKETCH

Installed as Drawn

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: 10/29/18 Installed by: Abee's Grading

IMPROVEMENT PERMIT by: Benjamin A. Bottin Date: 10/22/2018 OPERATION PERMIT by: Date: 2-25-19

AUTHORIZATION TO CONSTRUCT by: Benjamin A. Bottin Date: 10/22/2018. 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 inpsector to confirm your inspection time.

239138 RECEIVED OCT 17 2018

~~239582~~ Repair Evaluation - No Chg

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: ___Improvement Permit ___Authorization To Construct ___~~Existing~~ System Inspection Repair

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
Please check ( ) beside whichever is submitted if applicable ✓ Custom Site Plan, Scaled no more than 1 Inch = 60 Feet

3. Applicant Information:

Dachyn Rivers	124 Boundary Ln. Harmony		Deena Aber 704-239-3683
Applicant Name	Mailing Address	Home Phone #	Alternate Phone #
Same	Anthony Rivers		704 437-9675
Owner Name	Mailing Address	Home Phone #	Alternate Phone #

980-330-0795

4. Property Information:

124 Boundary Ln.		
Street Address	Subdivision Name	Section/Phase and Lot Number

Driving Directions: 40E - exit 162 - R 64E - R 901 - (R) Boundary - property on Right

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 3
Maximum Number of Occupants 4
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 ___ 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: Deena Aber 10/16/18
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

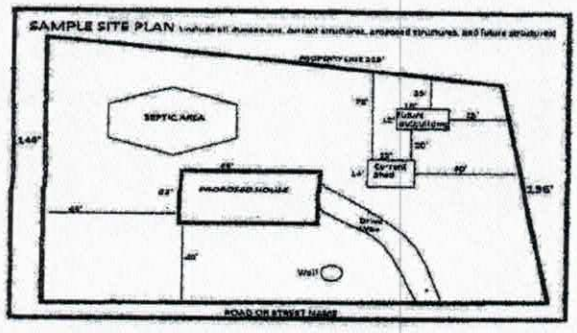
____ **Front and side setbacks from property line...** ____ **Preferred driveway location and configuration, preferred well location...**

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

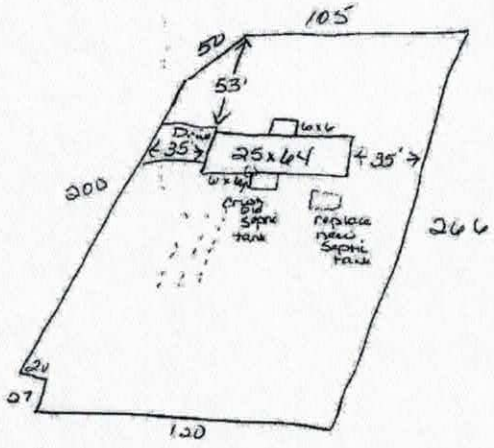
Circle N/A on the following if appropriate:

____ **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



★ Repair - pump, fill & crush existing septic tank & relocate new septic tank & hook to existing lines. ★

Signature: Drew Alee

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

10/16/18

DATE