Tom 9/12/16

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

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 #
WILLIAM D. BARGER, JR	310 DAMASCUS CHURCH RD	704/978/8344	843-224-0405
Owner Name	**Mailing Address**	**Home Phone #**	**Alternate Phone #**
WILLIAM D. BARGER, JR	SAME	SAME	SAME

4. Property Information:

Street Address	Subdivision Name	Section/Phase and Lot Number
310 DAMASCUS CHURCH RD		

Driving Directions: ~~Hwy~~ Hwy 115 North, turn Left @ Phil's onto DAMASCUS CH. RD. 7/10 of a mile on right @ Bridge.

5. RESIDENTIAL Site Development Information: *(Check or Complete ALL that apply)*

- (X) 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 2
Maximum Number of Occupants 1
If Expansion, Current Number of Bedrooms ___

- ( ) Crawl Space Foundation?
- ( ) Concrete Slab Foundation?
- ( ) Basement w/Plumbing?
- (X) 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:

(X) 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 (X) Conventional ( ) Innovative ( ) Modified Conventional ( ) Other _____

8. Please Answer The Following ( ) Yes (X) No Does the site contain any jurisdictional wetlands?

To The Best of Your Ability: ( ) Yes (X) No Is any non-domestic sewage (i.e. industry) to be generated?

( ) Yes (X) 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: WDBarger _____ 7/13/16

Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

IREDELL COUNTY HEALTH DEPARTMENT

Application For Improvement Permit and/or Authorization To Construct, Existing System Inspection

(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 X Authorization To Construct ___BOTH ___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	Work Phone
Mark R Wallner	606 S. Salisbury St. Mocksville NC 27028	336-751-2817	
Owner Name: Judy Budgick/Mark Wallner	606 S. Salisbury St Mocksville, NC 27028	336-751-2817	

4. **Property Information:**

Street Address	Subdivision Name	Section/Phase and Lot Number
	James e + Velma's Real Estates	Lot# 4810318959.000

Driving Directions: Hwy 115 North. To Damascas Ch. Rd, Left on Damascas Ch Rd. 0.9 miles To Road access on Right.

****

5. **RESIDENTIAL Site Development Information:** *(Check or Complete ALL that apply)*

- X New, Single Family Residence
- ( ) New, Multi-Family Residence
- ( ) Expansion of Existing Septic System
- ( ) Repair To Failing Septic System

Maximum Number of Bedrooms 3 MW 1-10-8
Maximum Number of Occupants 2
If Expansion, Current Number of Bedrooms ___

- ( ) Crawl Space Foundation?
- ( ) Concrete Slab Foundation?
- (X) 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:**

X 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)*

( ) Alternative ( ) Conventional ( ) Innovative ( ) Modified Conventional ( ) Other___ (X) No Preference

****

8. **Please Answer The Following To The Best of Your Ability:**

( ) Yes X No Does the site contain any jurisdictional wetlands?
( ) Yes X No Is any non-domestic sewage (i.e. industry) to be generated?
( ) Yes X 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: Mark Wallner — 12-1-7

Property owner or owner's legal representative signature (SIGNATURE REQUIRED) — DATE

IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 146976 PIN# 4810-31-8759

OWNER OR APPLICANT MARK WALLNER DATE 10 January 08

ADDRESS 606 S. Salisbury St. Mocksville N.C. PHONE: Business Home

LOCATION N-y 115 N to Dunaway's Ch. Rd. .9 mile on Rt.

SUBDIVISION BLOCK / SECTION LOT LOT AREA 3 Ac. SITE CLASS P3 DESIGN FLOW 360 gpd L.T.A.R. 0.3 / Ft²/d

Septic Tank: 1000 Gallons: STB Date

Pump Tank: Gallons: PT Date

Pump Make: Model Serial No.

Nitrification Field: No. Fields 1 Square Feet = 1200 Linear Feet 300

No. Lines 5 Trench Width 36 Max Trench Bottom Depth 36" Gravel Depth

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

System Description: 25% Reduction

Repair System Description: 25% Reduction

Maintenance Agreement Required: ☐ Yes ☑ No

☑ House/Mod. Home ☐ Mobile Home ☐ Business ☐ Other

No. Bedrooms No. Persons No. Employees

Water Supply: ☑ Individual ☐ Public ☐ Community

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

Comments:/Conditions: Follow contour/

Comments:/Conditions:

INITIAL SITE SKETCH

See Attached Layout

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: Mark Wallner date 1-10-8

Improvement Permit by: Jim Hogg, R.S. date 10 Jan. 08

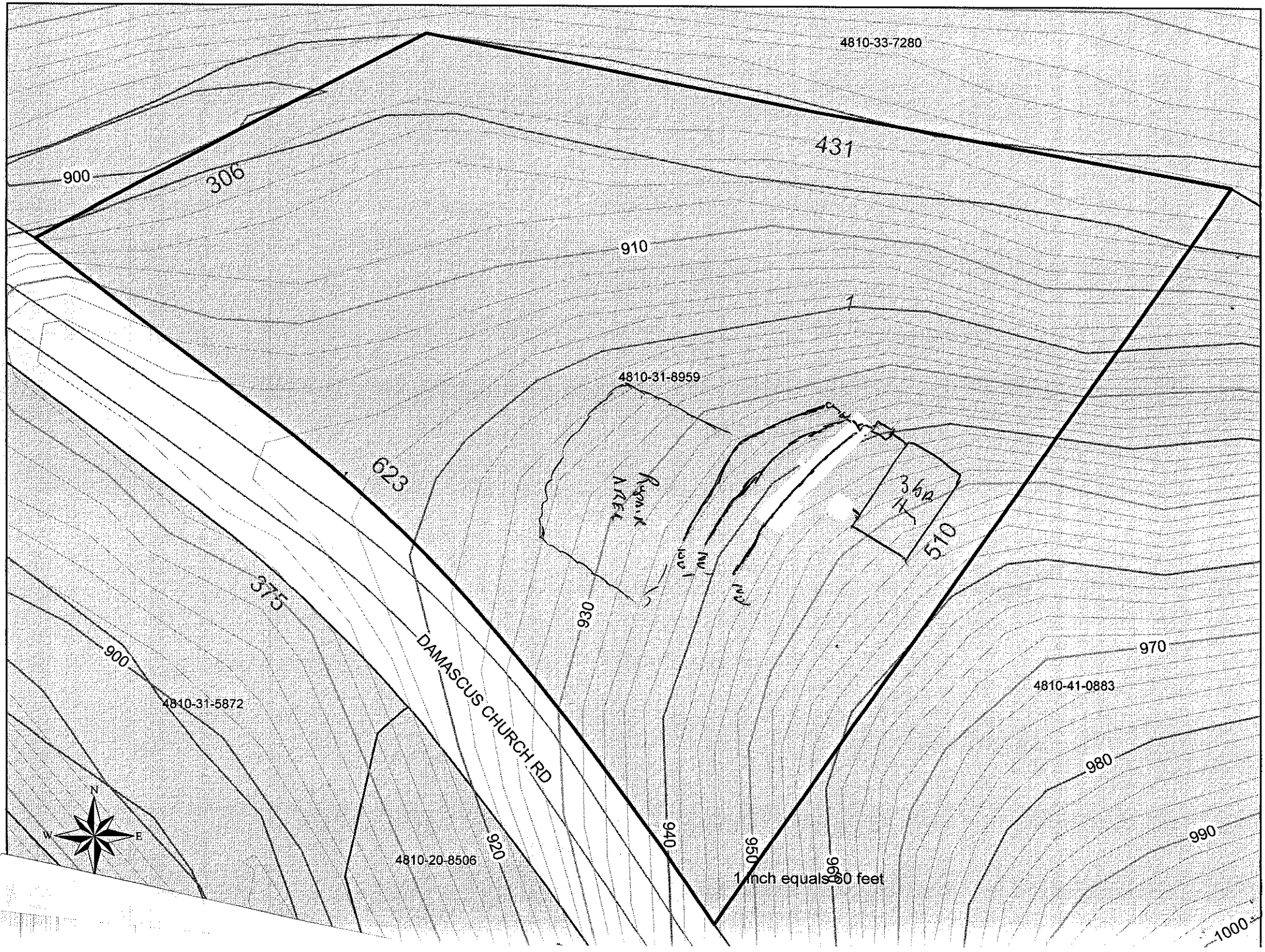
Authorization to Construct by: Jim Hogg R.S. date 14 Aug 08

Installed by:

Operation Permit by: date

Existing System Inspection by: date

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


4810-33-7280
431
306
900
910
1
623
4810-31-8959
375
930
510
DAMASCUS CHURCH RD
970
4810-41-0883
900
4810-31-5872
980
990
920
940
950
960
4810-20-8506
1000
N
W
E
1 inch equals 50 feet