IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 (DS) Mooresville Office (704) 660-3625 4-1 12PM

PERMIT # 241737

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

PIN # 4813050516.01

APPLICANT/OWNER: Brian Chase APPLICANT ADDRESS: 694 Linneys Mill Rd

SITE ADDRESS: 694 Linneys Mill Rd, Union Grove 28689 PHONE: 704-232-2465 ALT. PHONE —

SITE DIRECTIONS: 115 N → L on Taylor Springs → L on Linneys Mill → on right

SUBDIVISION: — SECTION: — LOT # — LOT AREA: 3,807 ac

SAP CONTROLLED: ☐ YES ☒ NO

DESIGN FLOW: 360 gpd L.T.A.R.: .3 (.1 repair)

Septic Tank	ext 1000 (gal)	STB		Date			
Pump Tank	1000 (gal)	PT	R164	Date	3-30-21		
Pump Make	gwES	Model	WTE05 12 HHFV	Serial #	B214-12		
# Nitrification Fields	1	# Lines	3	Linear Ft	300		
Trench Width	36"	Trench Bottom Depth(Low side)	~~19"~~ 23"	Gravel Depth	—		

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

System Description: PM - 25% reduction

Repair System Description: drip

Maintenance Agreement Required: ☐ YES ☒ NO

☐ GRAVITY ☒ PRESSURE

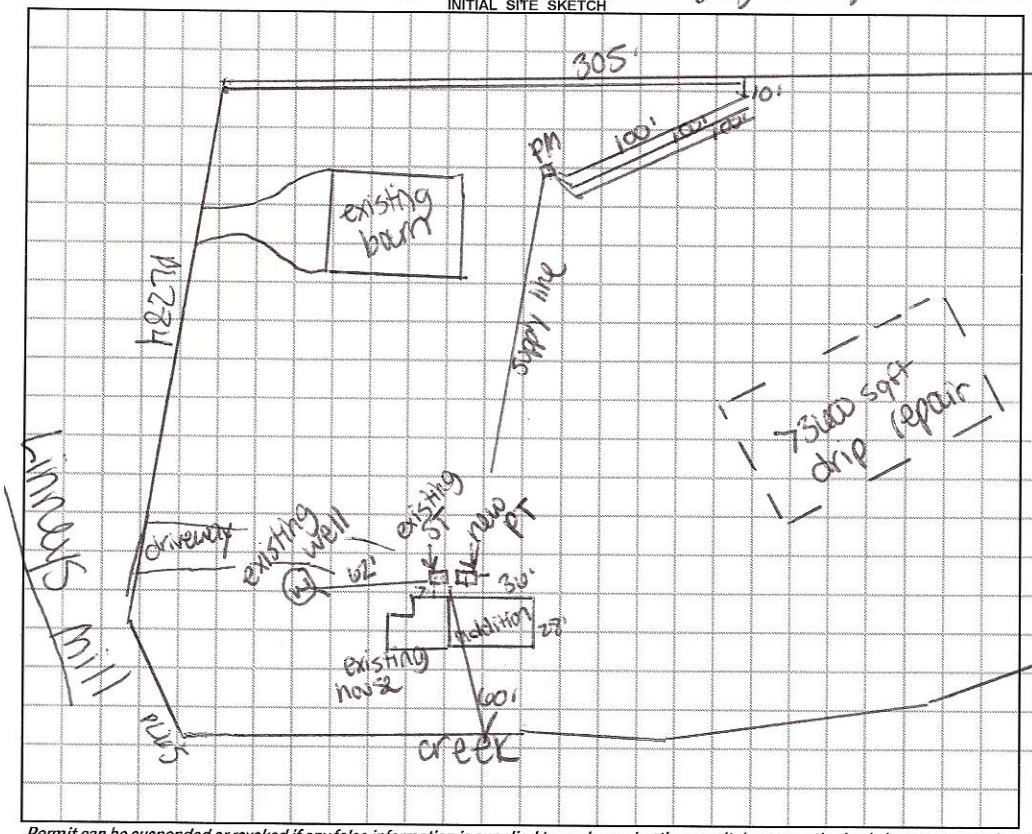
☒ Residence No. Bedrooms 3
☐ Business No. Persons 6
☐ Other No. Employees —
☐ Slab ☒ Crawl Space
☐ Basement w/plumbing ☐ Basement w/o plumbing

Water Supply: ☒ Private ☐ Public ☐ Community

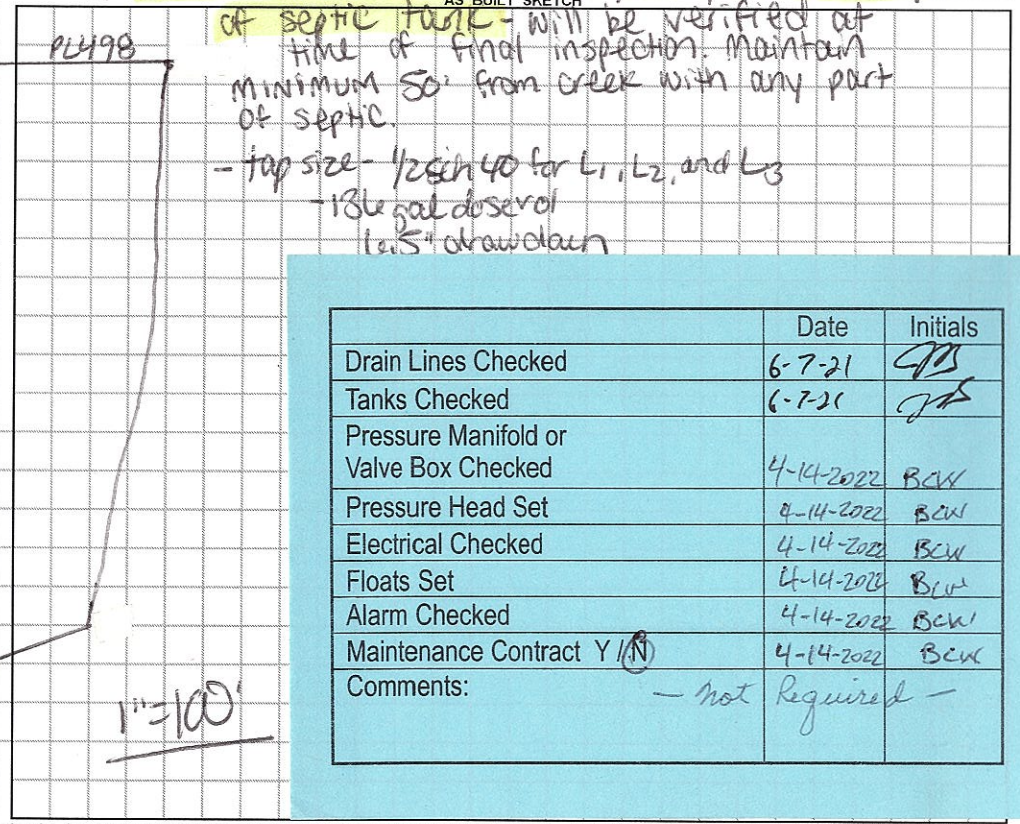
Comments / Conditions: Purpose of this permit is for home addition instead of previously permitted new home. Install on contour, do not exceed max trench depth of 23" (high side)

Use existing septic tank, install new pump tank. Maintain 5' minimum from addition - NO FOUNDATION DRAIN TO BE USED!! There shall be no concrete pad poured on top of septic tank - will be verified at time of final inspection. Maintain minimum 50' from creek with any part of septic.
- tap size - 1/2 sch 40 for L1, L2, and L3
- 18 gal dosing
- 1.5" drawdown

INITIAL SITE SKETCH



AS BUILT SKETCH



	Date	Initials
Drain Lines Checked	6-7-21	
Tanks Checked	6-7-21	
Pressure Manifold or Valve Box Checked	4-14-2022	BCW
Pressure Head Set	4-14-2022	BCW
Electrical Checked	4-14-2022	BCW
Floats Set	4-14-2022	BCW
Alarm Checked	4-14-2022	BCW
Maintenance Contract Y / (N)	4-14-2022	BCW
Comments: — not Required —		

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: [signature] Date: — Installed by: A-1 Backhoe

IMPROVEMENT PERMIT by: Carla C. Cave Date: 2/14/19 OPERATION PERMIT by: Bryant on white Date: 4-14-2022

AUTHORIZATION TO CONSTRUCT by: Carla C. Cave Date: 2/14/19 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.

RECEIVED FEB 5 - 2018

IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

APPLICATION FORM

Paid $320.00 #241737

Application For: ( ) New Well Permit ( ) Well Repair Permit ( ) Well Abandonment
(✓) Septic Improvement Permit (✓) Authorization to Construct (X) Existing System Inspection ( ) 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: Brian Chase Address: 694 Linneys Mill Rd Zip: 28689
Applicant Email: Linneysmill@gmail.com Phone: 704-232-2465 Alt. Phone: _____
Owner Name: Brian Chase Address: 694 Linneys Mill Rd Zip: 28689
Owner Email: Linneysmill@gmail.com Phone: 704-232-2465 Alt. Phone: _____

Property Information:

Street Address: 694 Linneys Mill Rd.
Subdivision Name: _____ Section/Phase: _____ Lot Number: _____
Driving Directions: North on 115 turn Left on Linneys Mill, house 3miles on Right

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

( ) New Single Family Residence
( ) New Multi-Family Residence
( ) Accessory Building
(✓) Bedroom(s) Addition
( ) Repair to failing septic system ___ Tank ___ Drain lines Describe Problem: _____
Maximum Number of Bedrooms: 3
Maximum Number of Occupants: 5
( ) Swimming Pool
( ) Other Addition/Structure: _____

CHECK FOUNDATION TYPE

( ) Crawl Space Foundation
( ) Concrete Slab Foundation
(✓) Basement with Plumbing partial
( ) Basement without Plumbing Crawl

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: _____ Number of Persons: _____

( ) New Well (✓) Existing Well ( ) Community Well ( ) City Water ( ) Other Public Water

Desired Septic System Type: *(you may rank in order of preference)* Year existing system installed: 1981
( ) 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: _____ 1/25/18
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

IREDELL COUNTY DEPARTMENT OF ENVIRONMENTAL HEALTH

DOCUMENTATION TO AUTHORIZE AN OWNER'S LEGAL REPRESENTATIVE

(Check and sign only ONE of the options below)

1. *** APPLICANT AND OWNER ARE THE SAME. *** *(Sign here)* [signature]

Applications for permits require the "signature of the owner or owner's legal representative" (15A NCAC 18A .1937). If the owner does not sign the application himself or herself, they can submit any one of the following documents to designate their legal representative: *Power of Attorney; Real Estate Contract; Estate executor; Bankruptcy trustee; Court ordered guardianship* In the absence of the above documentation, the property owner may provide the local health department with documentation that designates a legal representative. A property owner may:
Complete this form to document his or her legal representative, or provide his or her own form that contains the information in this form. If there are multiple property owners, then all property owners must sign the form that designates a legal representative.
By signing a form that designates a legal representative for purposes of 15A NCAC 18A .1937, the property owner authorizes that representative to act on their behalf in matters pertaining to the application and permitting process, including signing or receiving any application, document or permit. The owner retains full responsibility to meet all permit conditions specified by the local health department.

2. I, Brian M. Chase, am the legal owner(s) of the property located at 694 Craneys Mill Rd, identified as

PIN (Parcel Identification Number)_____, located in Iredell County, North Carolina.

I do hereby authorize **(print legal representative/company name)** _____,

_____, to act as an agent on my behalf in applying for/signing/obtaining any of the documents described below.

- Application for Improvement Permit (IP) / Authorization to Construct (AC)
- Improvement Permit (IP) / Authorization to Construct (AC)
- Application for soil-site evaluation (new/repair)
- Application/permit for private drinking water well/well abandonment
- Application for Compliance Inspection

I agree to abide by all decisions and/or conditions between the legal representative acting on my behalf and the Iredell County Department of Public Health, Environmental Health Division.

[signature] — Signature of Owner(s)

1/25/19 — Date

Mooresville - Environmental Health
adrienne.shea@co.iredell.nc.us
Fax: 704-662-3239
610 E. Center Avenue, Mooresville, NC 28115

Statesville - Environmental Health
ronda.hart@co.iredell.nc.us
Fax: 704-871-3483
349 N. Center Street, Statesville, NC 28677

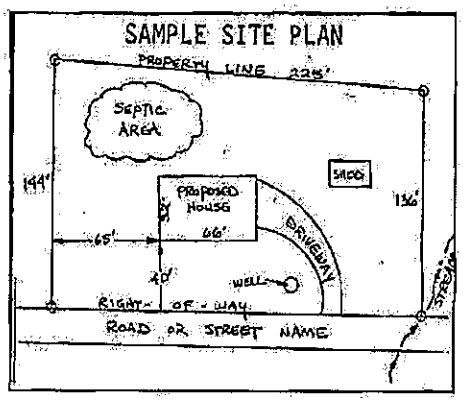
IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

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 OR WELL PERMIT!!!*

Place an (X) beside each item as you complete the site plan:

- (X) Property Line measurements are clearly identified
- (X) All proposed structures are indicated
- (X) Front and side setbacks from property line
- (X) Preferred driveway location
- (X) Preferred well location
- (X) Preferred septic system location
- (X) North arrow, or other sufficient indicator of direction

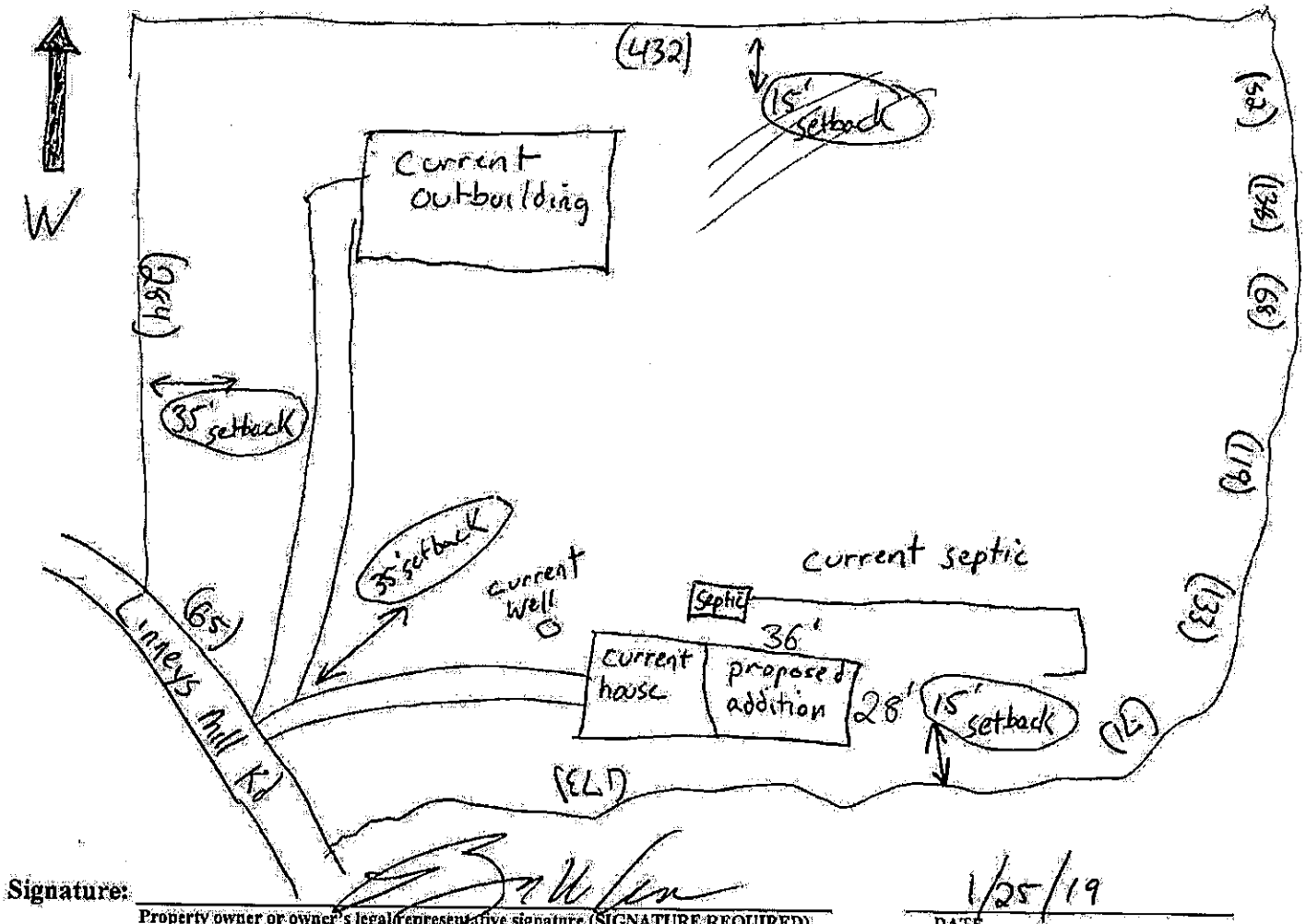


Circle N/A on the following if appropriate:

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: _____ 1/25/19

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

IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625

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

PERMIT # 223877

APPLICANT: BRIAN CHASE PIN # 4813-05-0561

SITE ADDRESS: 694 LINNEYS MILL RD. UNION GROVE APPLICANT ADDRESS: 814 LINNEYS MILL RD. UNION GROVE

SITE DIRECTIONS: 115 N, TL LINNEYS MILL RD, ON R PHONE: 704-232-2465 ALT. PHONE:

SUBDIVISION: SECTION: LOT # LOT AREA: 3.807 AC DESIGN FLOW: 360 L.T.A.R.: .3 (.1R)

Septic Tank 1000 (gal) STB Date

Pump Tank 1000 (gal) PT Date

Pump Make Model Serial #

Nitrification Fields 1 # Lines 3@100' Linear Ft: 300'

Trench Width 36" Max Trench Bottom Depth * 19" * Gravel Depth

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

System Description: PM - 25% REDUCTION

Repair System Description: DRIP

Maintenance Agreement Required: ☐ YES ☒ NO

☐ GRAVITY ☒ PRESSURE

☒ Residence No. Bedrooms 3

☐ Business No. Persons 6

☐ Other No. Employees

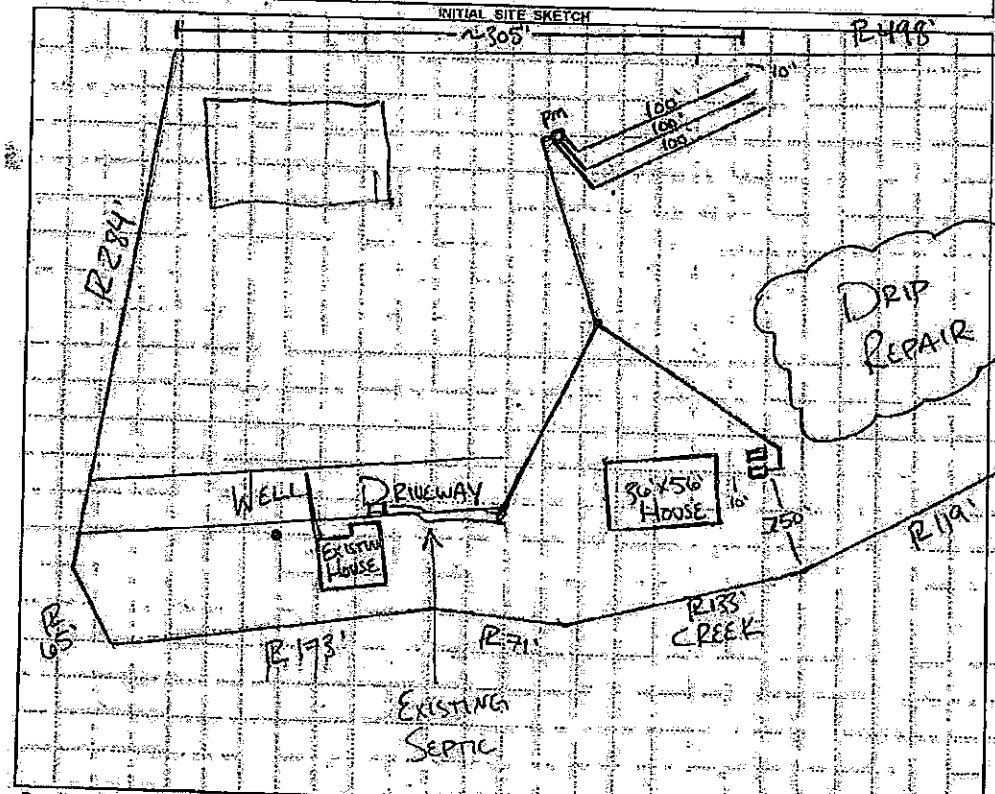
☐ Slab ☒ Crawl Space

☐ Basement w/plumbing ☐ Basement w/o plumbing

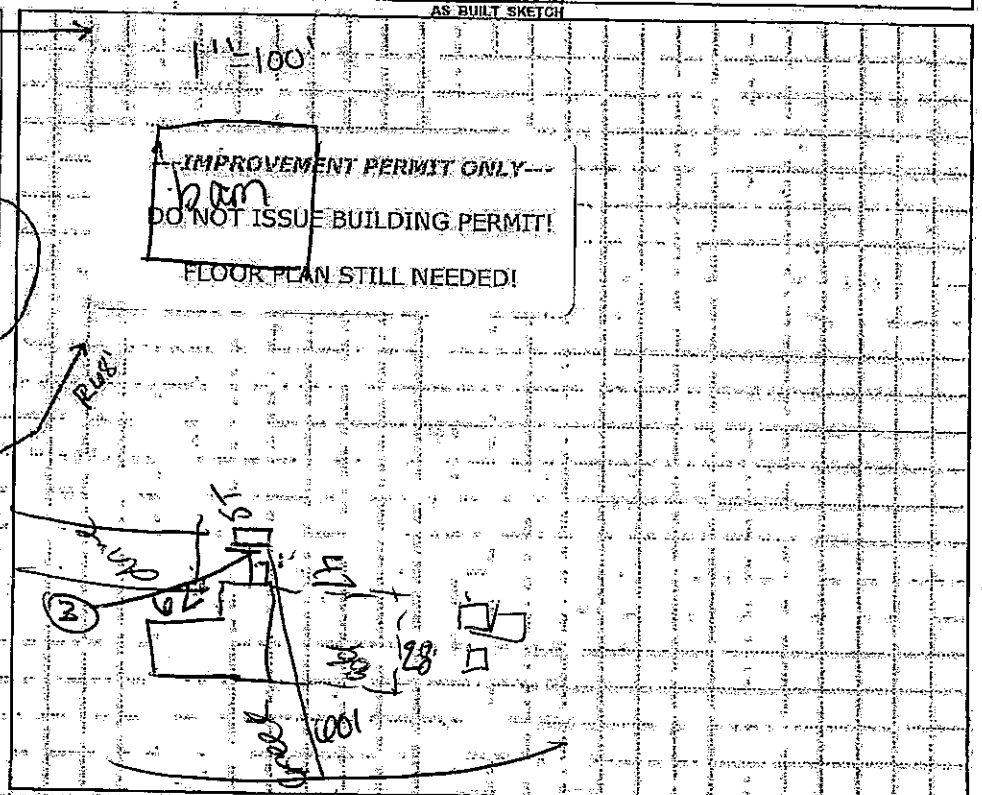
Water Supply: ☒ Private ☐ Public ☐ Community

Comments / Conditions: EXISTING HOUSE TO BE TORN DOWN ONCE NEW HOUSE IS FINISHED. OLD SEPTIC NEEDS TO BE ABANDONED ONCE OLD HOUSE IS GONE.

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**

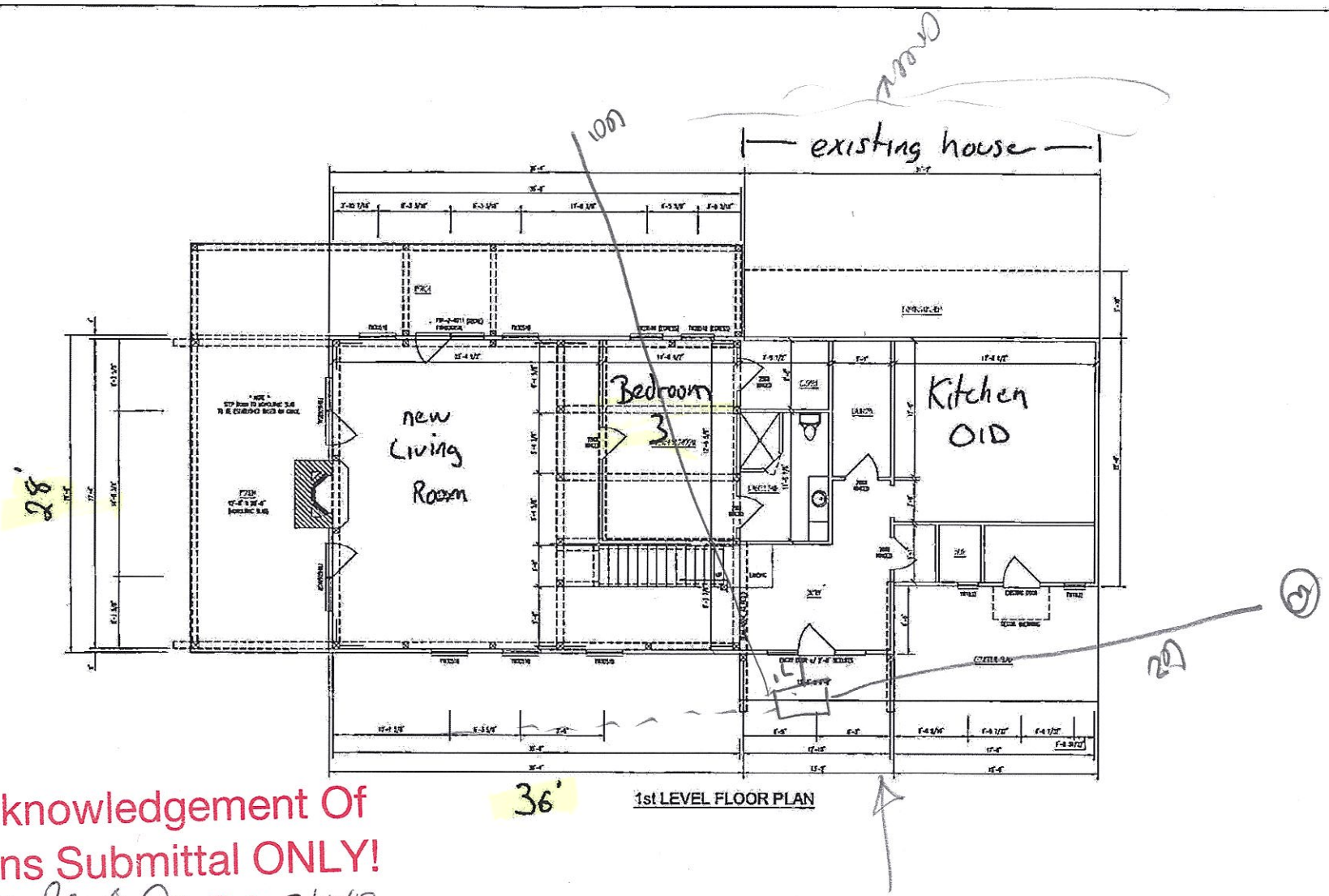
☐ **IMPROVEMENT PERMIT** *with plat valid without expiration.* ☒ **IMPROVEMENT PERMIT** *with site plan valid for 60 mos.* ☐ **AUTHORIZATION TO CONSTRUCT** *valid for period equal to IMPROVEMENT PERMIT--not to exceed 60 mo.*

Owner / Applicant Signature: Brian Chase Date: 2-7-17 Installed by:

IMPROVEMENT PERMIT by: Date: 2-3-17 OPERATION PERMIT by: Date:

AUTHORIZATION TO CONSTRUCT by: Date: Existing System Inspected by: Date:

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



1st LEVEL FLOOR PLAN

Acknowledgement Of Plans Submittal ONLY!

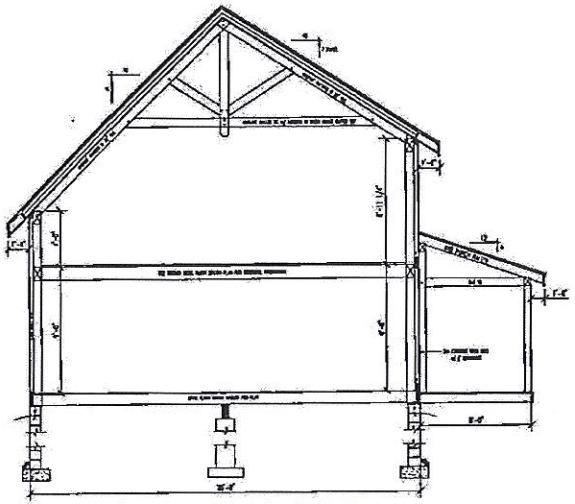
Date 2/14/19

Date 2/14/19

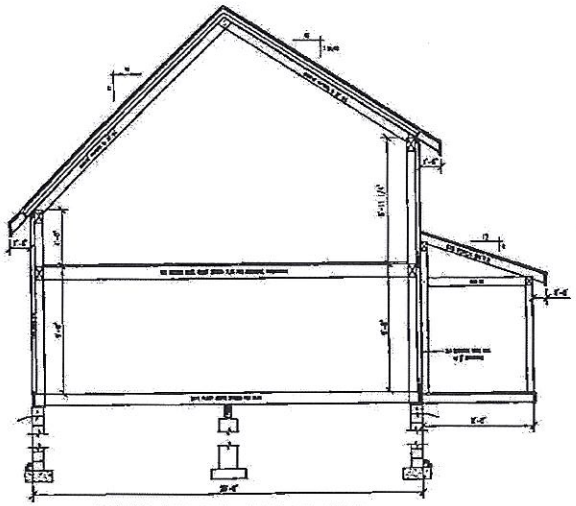
DO NOT SCALE DRAWING - CONTRACTOR TO VERIFY ALL DIMENSIONS IN FIELD

SLOANS MILL - CHASE

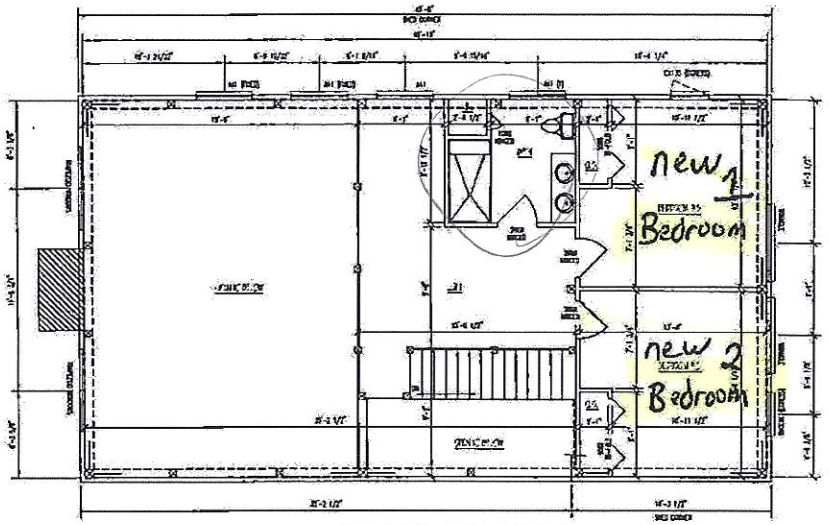
FIRST FLOOR PLAN



SECTION THRU LIVING AREA



SECTION THRU LIVING AREA



2nd LEVEL FLOOR PLAN

Acknowledgement Of
Plans Submittal ONLY!

Date 2/14/19

Date 2/14/19

DO NOT SCALE DRAWING –CONTRACTOR TO VERIFY ALL DIMENSIONS IN FIELD

SLOAN'S MILL LOG & TIMBER FRAME HOMES

SLOANS MILL - CHASE

SECOND FLOOR PLAN

IREDELL COUNTY

PO Box 788
349 North Center St.
Statesville, NC 28677

APPLICATION NUMBER
241737
Issue Date: 02/05/2019

ZONING PERMIT
Residential

Parcel Number	Street Address	Jurisdiction
4813050561.000	694 LINNEYS MILL ROAD, UNION GROVE, NC	IREDELL COUNTY

Owner Information	Applicant Information
Owner: CHASE BRIAN+PAMELA	Applicant: CHASE BRIAN+PAMELA
Address: 814 LINNEYS MILL RD	Address: 814 LINNEYS MILL RD
UNION GROVE, NC 28689	UNION GROVE, NC 28689
Phone:	Phone:

Use Requested	Zone Code
PERMIT 223877 FOR NEW SFD WITHDRAWN ADDTN TO EXISTING HSE INSTEAD	RA

Lot Acreage	F Setback	B Setback	L Setback	R Setback	Watershed	Flood Zone
3.807					NOT	X

Remarks:

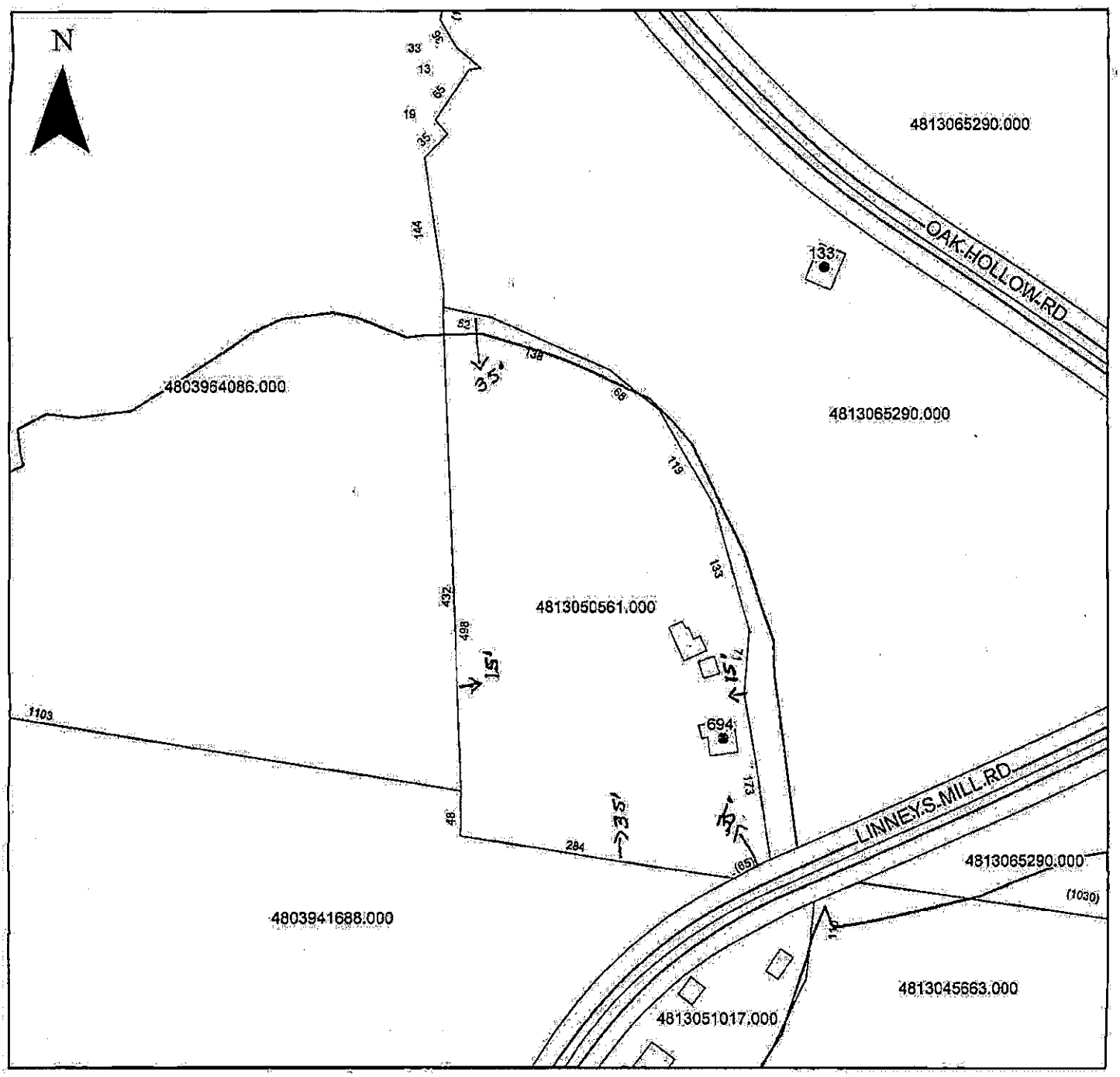
The applicant certifies that there are no deed restrictions, contractual agreements or governmental regulations of any kind that interfere with or prohibit the use of the property or the use for which this permit is requested. The applicant further acknowledges that enforcement of deed restrictions, plat conditions and other contractual agreements will not be undertaken by Iredell County and is the sole responsibility of the affected parties.

Applicant: _____ Date: _____

Permit Number	166720	TOTAL FEES:	$ 79.50

241737

ZONING DISCLAIMER



Property Address 694 Linneys Mill Rd.

The applicant certifies that there are no deed restrictions, contractual agreements or governmental regulations of any kind that interfere with or prohibit the use of the property or the use for which this permit is requested. Applicant further acknowledges that the enforcement of deed restrictions, plat conditions, and other contractual agreements will not be undertaken by Iredell County and is the sole responsibility of the affected parties.

Applicant

1/25/19

Date