IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 225035

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

PIN # 4820-33-2632

APPLICANT/OWNER: Ronald McCoy APPLICANT ADDRESS: 399 Guilford Rd. Harmony, NC 28634

SITE ADDRESS: 497 Dobson Farm Rd. Statesville, NC PHONE: 704-881-4290 ALT. PHONE

SITE DIRECTIONS: Rt 115 towards Wilkesboro → R on Dobson Farm Rd → Lot on Right SAP CONTROLLED: ☐ YES ☒ NO

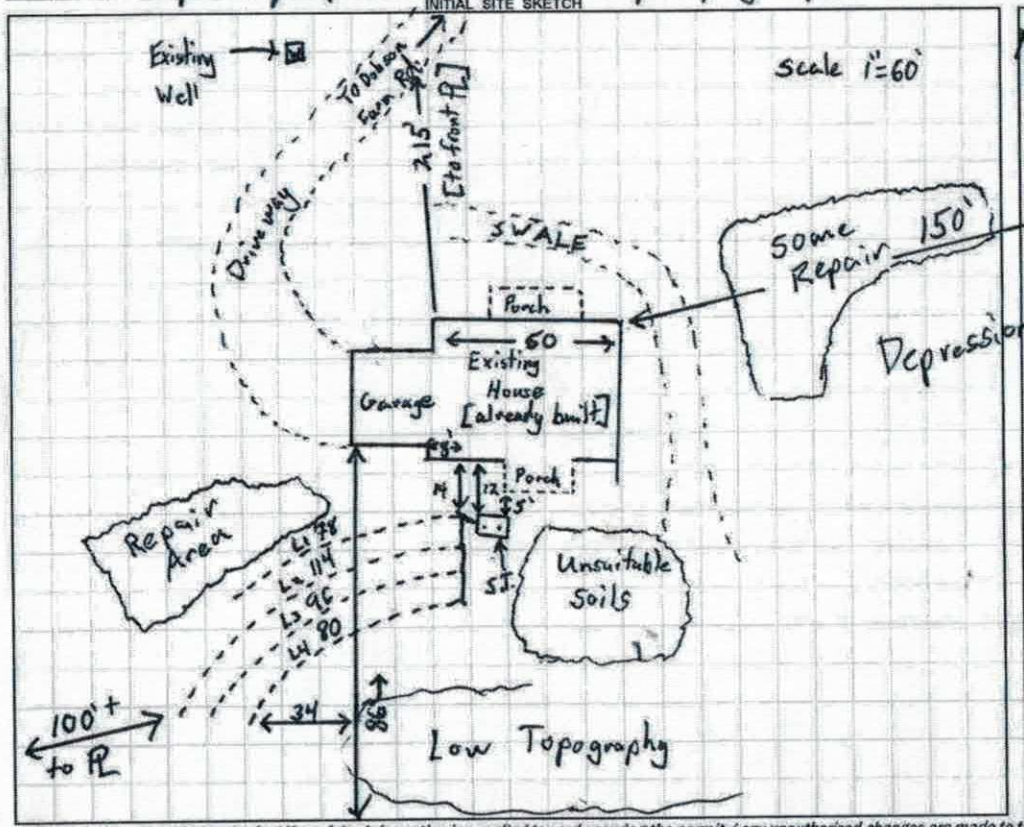
SUBDIVISION: — SECTION: — LOT # — LOT AREA: 5 acres DESIGN FLOW: 360 GPD L.T.A.R.: 0.30

Septic Tank	1000	(gal)	STB	Infi/Evaitor	Date	IM-1060	☒ New System	☐ Repair	☐ Expansion	System Type: I II III IV V VI	
Pump Tank	—	(gal)	PT	—	Date	—	System Description:	25% Reduction (serial distribution)			
Pump Make	—	Model	—		Serial #	—	Repair System Description:	50% Reduction (PPBPS)			
# Nitrification Fields	1	# Lines	4		Linear Ft	300	Maintenance Agreement Required:	☐ YES	☒ NO		
Trench Width	36"	Trench Bottom Depth(Low side)	32"		Gravel Depth	—		☒ GRAVITY	☐ PRESSURE		

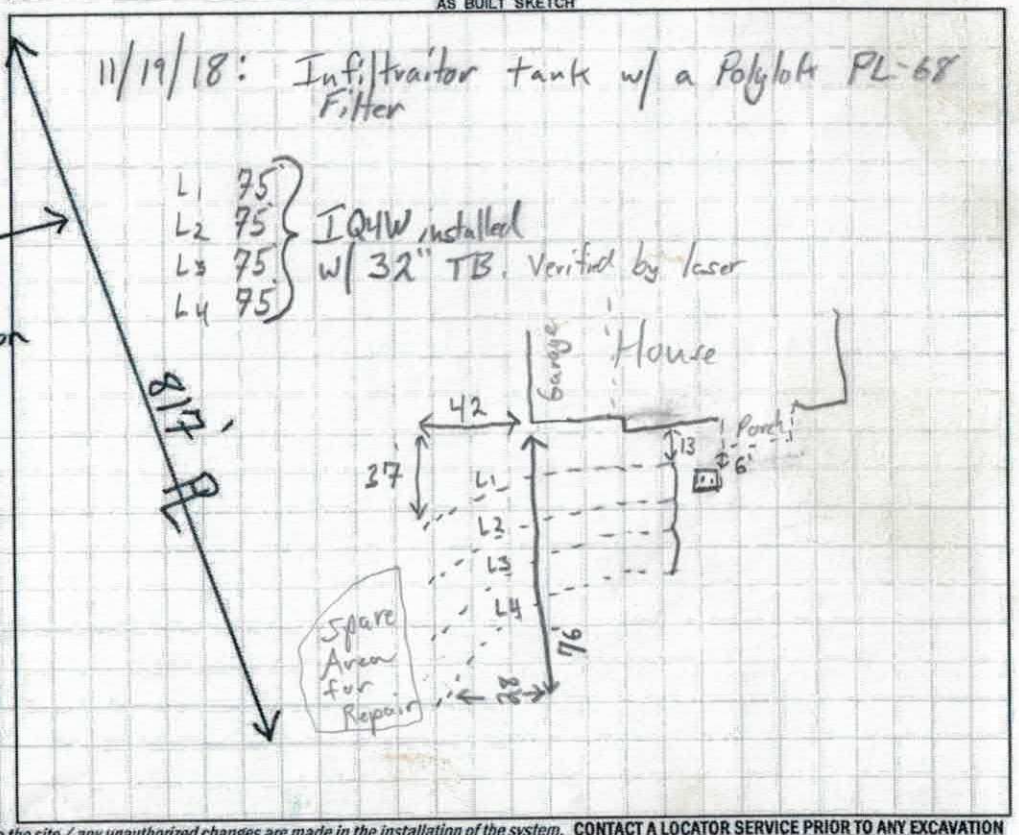
☒ Residence	No. Bedrooms	3	Water Supply	
☐ Business	No. Persons	6	☒ Private Existing	
☐ Other	No. Employees		☐ Public	
☒ Slab	☒ Crawl Space		☐ Community	
☐ Basement w/plumbing			☐ Basement w/o plumbing	

Comments / Conditions: Though 368 l.f. of line has been laid out, only 300 l.f. need be installed. Spare area to be set aside for future repair purposes. Recommend pumping septic tank every 3-5 years. House constructed per floorplans with approval date of 6/26/2017 -SF

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: Date: 10/31/18 Installed by: Marty Tucker

IMPROVEMENT PERMIT by: Date: 10/26/18 OPERATION PERMIT by: Date: 11/20/18

AUTHORIZATION TO CONSTRUCT by: Date: 10/26/18 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.

DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF PUBLIC HEALTH, ENVIRONMENTAL HEALTH SECTION
ON-SITE WATER PROTECTION BRANCH

Sheet ___ of ___
PROPERTY ID #:
COUNTY: Iredell

SOIL/SITE EVALUATION for ON-SITE WASTEWATER SYSTEM

(Complete all fields in full)

L1 90' (5.62) L3 74' L5 60' L2 86 L4 54' L6 52 (8.02)

90 7
86 8.02
74 5.62
54 2.40
CO
364 + 52 = 7.41C

OWNER: Ronald McCoy
APPLICATION DATE: 2/16/17
ADDRESS: 399 Guilford Rd. Harmony
DATE EVALUATED: 6/15/17
PROPOSED FACILITY: 3BR House
PROPOSED DESIGN FLOW (.1949): 360 GPD
PROPERTY SIZE: 5+ acres
LOCATION OF SITE: Dobson Farm Road
PROPERTY RECORDED: Yes
WATER SUPPLY: [X] Private [ ] Public [ ] Well [ ] Spring [ ] Other Existing
EVALUATION METHOD: [ ] Auger Boring [X] Pit [ ] Cut
TYPE OF WASTEWATER: [X] Sewage [ ] Industrial Process [ ] Mixed

PROFILE #	.1940 LANDSCAPE POSITION/ SLOPE %	HORIZON DEPTH (IN.)	SOIL MORPHOLOGY (.1941) .1941 STRUCTURE/ TEXTURE	SOIL MORPHOLOGY (.1941) .1941 CONSISTENCE/ MINERALOGY	OTHER PROFILE FACTORS .1942 SOIL WETNESS/ COLOR	.1943 SOIL DEPTH	.1956 SAPRO CLASS	.1944 RESTR HORIZ	PROFILE CLASS & LTAR
1	LSS 5%	0-13	SCL V.W. SBK "Ap"	SL Firm, SS, SP, Sexp	Gravels 24"-30"	61 40" TB	—	—	0.3 Peep
		13-36	Clay w/m SBK-ABK	Firm, Sticky, SP, Sexp	—				
		36-43	Clay Loam V.W. SBK	SL Friable, SS, Sexp					
		43-61	Clay Loam V.W. SBK some saprolite	SL Fr., SS, SP, Sexp					
2	LSS 5%	0-12	SCL V.W. SBK "Ap"	SL Firm, SS, SP, Sexp	Sap. inclusion 21-29" w/ Dense Rock	58 40" TB	—	—	0.3 Peep
		12-40	Clay W-M SBK/ABK	Firm, Sticky, SP, Sexp	—				
		40-58	Clay Loam V.W. SBK	SL Friable, SS, SP, Sexp					
		58-63	Loamy Saprolite MA	Friable + moderately Packed					
3	LSS 6%	0-15	SCL V.W. SBK "Ap"	SL Firm, SS, SP, Sexp	—	58 42" TB	—	—	0.3 Peep
		15-38	Clay M-S ABK/SBK	SL Firm, Sticky, SP, Sexp					
		38-58"	Clay Loam V.W. SBK some Saprolite	SL Friable, SS, SP, Sexp					
4	LSS 6%	0-9	SCL V.W. SBK "Ap"	SL Firm, SS, SP, Sexp	—	55 42" TB	—	—	0.325 Peep
		9-35	Clay W-M SBK/ABK	SL Firm, Sticky, SP, Sexp					
		35-55	Clay Loam W-M SBK	SL Friable, SS, SP, Sexp					
		55-72	Loamy Saprolite MA	very Friable, well Drained					

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	416	200+
System Type(s)	Conv.	50% Reduction Deep Install
Site LTAR	0.30	0.30

OTHER FACTORS (.1946): @ N/A PS
SITE CLASSIFICATION (.1948):
EVALUATED BY: Tom Shuck
OTHER(S) PRESENT:
Repair L1 P 90 L2 B: 74 L3 W: 76'

COMMENTS:

LEGEND

use the following standard abbreviations

LANDSCAPE POSITION	GROUP	SOIL TEXTURE	CONVENTIONAL .1955 LTAR*	LPP .1957 LTAR*
CC (Concave Slope) CV (Convex Slope) D (Drainage Way) DS (Debris Slump) FP (Flood Plain) FS (Foot Slope) H (Head Slope) L (Linear Slope) N (Nose Slope) R (Ridge) S (Shoulder Slope) T (Terrace)	I	S (Sand) LS (Loamy Sand)	1.2 - 0.8	0.6 - 0.4
	II	SL (Sandy Loam) L (Loam)	0.8 - 0.6	0.4 - 0.3
	III	Si (Silt) SiCL (Silty Clay Loam) CL (Clay Loam) SCL (Sandy Clay Loam) SiL (Silt Loam)	0.6 - 0.3	0.3 - 0.15
	IV	SC (Sandy Clay) SiC (Silty Clay) C (Clay) O (Organic)	0.4 - 0.1 None	0.2 - 0.05 None

MINERALOGY/ CONSISTENCE	STRUCTURE
SEXP (Slightly Expansive) EXP (Expansive)	G (Single Grain) M (Massive) CR (Crumb) GR (Granular) SBK (Subangular Blocky) ABK (Angular Blocky) PL (Platy) PR (Prismatic)

MOIST	WET
VFR (Very Friable) FR (Friable) FI (Firm) VFI (Very Firm v. Very Sticky) EFI (Extremely Firm)	NS (Non-sticky) SS (Slightly Sticky) S (Sticky) VS (Very Sticky) NP (Non-plastic) SP (Slightly Plastic) P (Plastic) VP (Very Plastic)

*Adjust LTAR due to depth, consistence, structure, soil wetness, landscape, position, wastewater flow and quality.

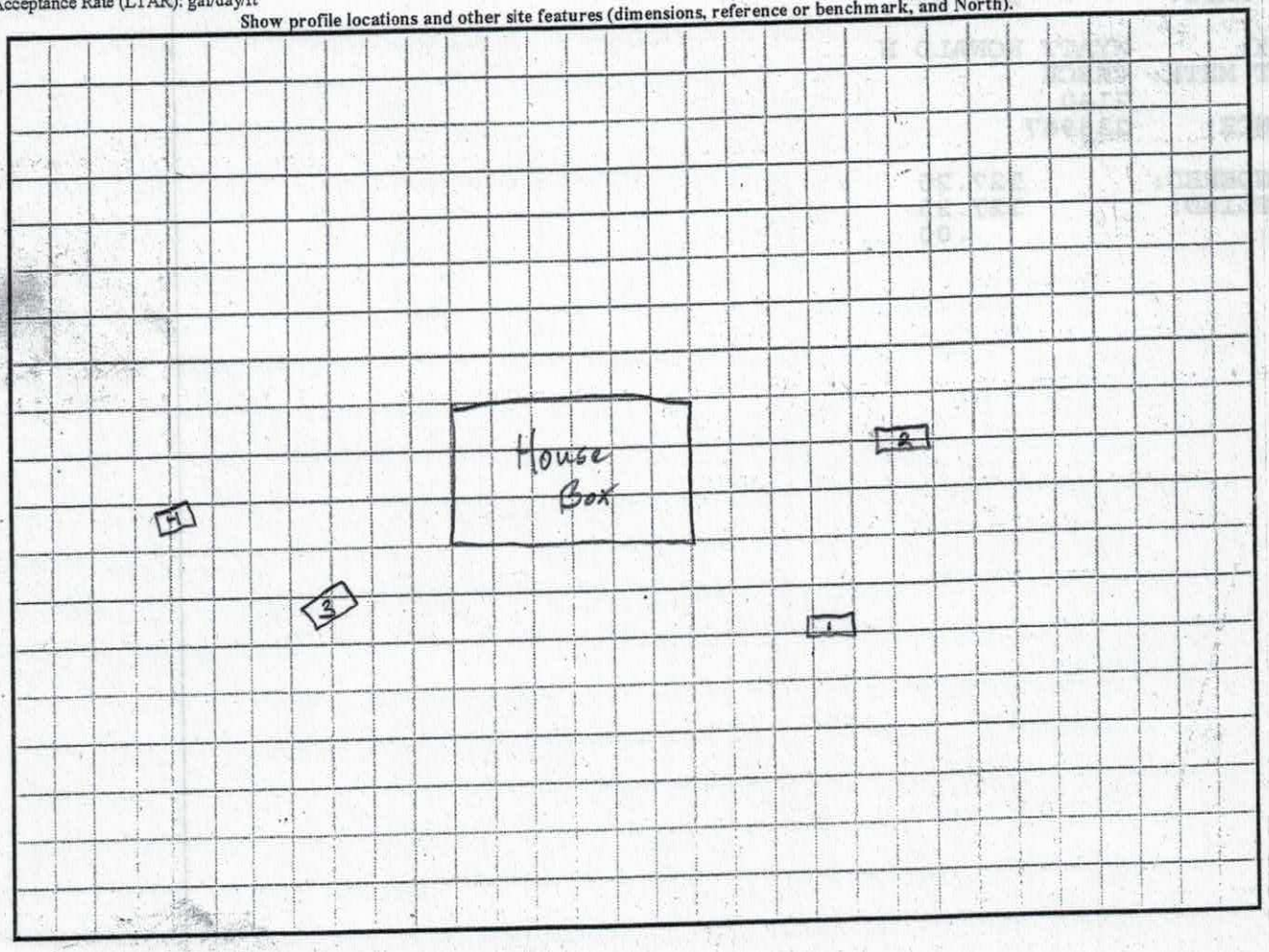
NOTES

HORIZON DEPTH	In inches below natural soil surface
DEPTH OF FILL	In inches from land surface
RESTRICTIVE HORIZON	Thickness and depth from land surface
SAPROLITE	S(suitable) or U(unsuitable)
SOIL WETNESS	Inches from land surface to free water or inches from land surface to soil colors with chroma 2 or less - record Munsell color chip designation
CLASSIFICATION	S (Suitable), PS (Provisionally Suitable), or U (Unsuitable)

Evaluation of saprolite shall be by pits.

Long-term Acceptance Rate (LTAR): gal/day/ft^2

Show profile locations and other site features (dimensions, reference or benchmark, and North).



SOIL/SITE EVALUATION

(Continuation Sheet-Complete all field in full)

DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF PUBLIC HEALTH
ENVIRONMENTAL HEALTH SECTION
ON-SITE WATER PROTECTION BRANCH

Dobson Farm Rd.

PROPERTY ID #: 4820-33-2632
DATE OF EVALUATION: 10/22/18
COUNTY: Iredell

PROFILE #	.1940 LANDSCAPE POSITION/ SLOPE %	HORIZ ON DEPTH (IN.)	SOIL MORPHOLOGY (.1941) .1941 STRUCTURE/ TEXTURE	SOIL MORPHOLOGY (.1941) .1941 CONSISTENCE/ MINERALOGY	OTHER PROFILE FACTORS .1942 SOIL WETNESS/ COLOR	OTHER PROFILE FACTORS .1943 SOIL DEPTH	OTHER PROFILE FACTORS .1956 SAPRO CLASS	OTHER PROFILE FACTORS .1944 RESTR HORIZ	PROFILE CLASS & LTAR
1A	Linear Toe Slope 6%	0-16	SCL V,W,SBK	SI. Friable, SS,SP,Sexp	chroma 2 Grays 7.5YR 8/2 @ 30-38"	39"			0.25 *PS
		16-24	clay V.W.SBK	SI. Firm, Sticky, SP, Sexp					
		24-39	clay M-S SBK/ABK	Firm, Sticky, SP, Sexp					
		39+	Rx						
2	Concave Toe Slope 8%	0-15	SCL V.W.SBK	SI. Friable, SS,SP,Sexp		57"			0.30 PS
		15-32	clay W-M.SBK/ABK	SI. Firm, Sticky SP,Sexp					
		32-57	clay Loam W.SBK some Micat Saprolite	SI. Friable, SS, SP, Sexp					
3	Linear Toe Slope 8%	0-16	SCL V.W.SBK	SI. Friable, SS, SP, Sexp		50			0.325 PS
		16-27	clay M SBK/ABK	SI. Firm, Sticky, SP, Sexp					
		27-50	clay Loam V.W. SBK some common Saprolite	Friable, SS, SP, Sexp Mica					

COMMENTS:

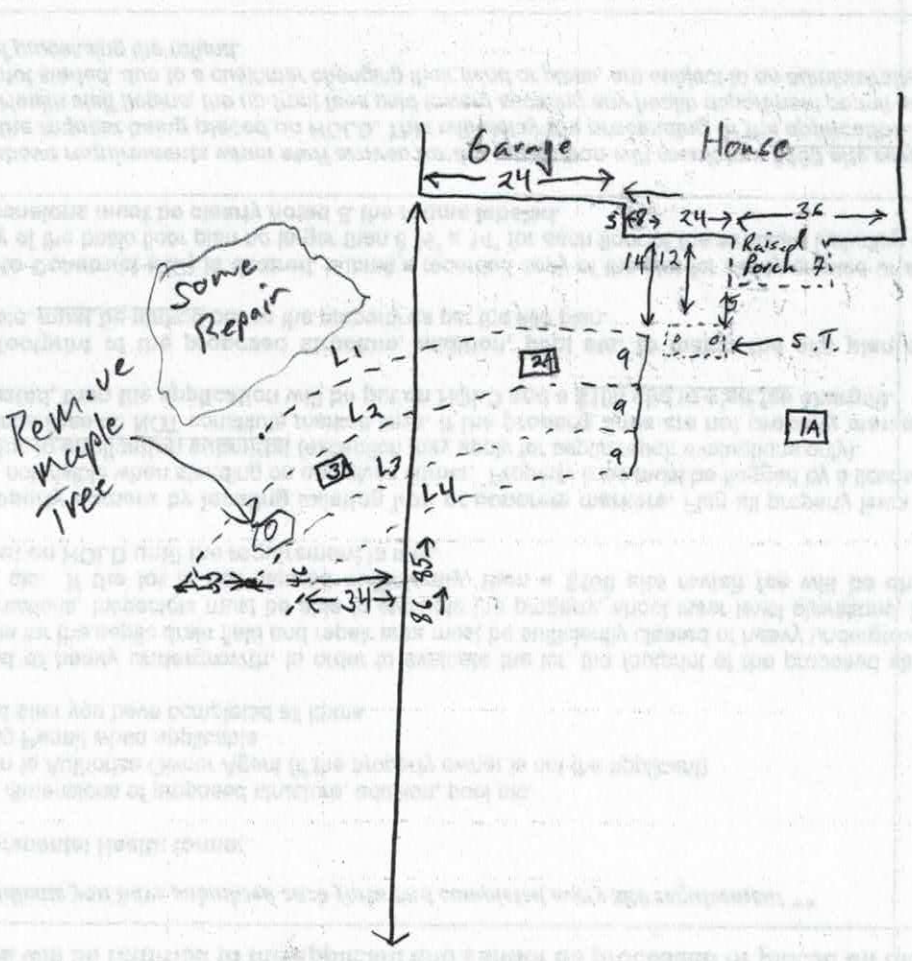
L_1 W $78'$ (5.43)

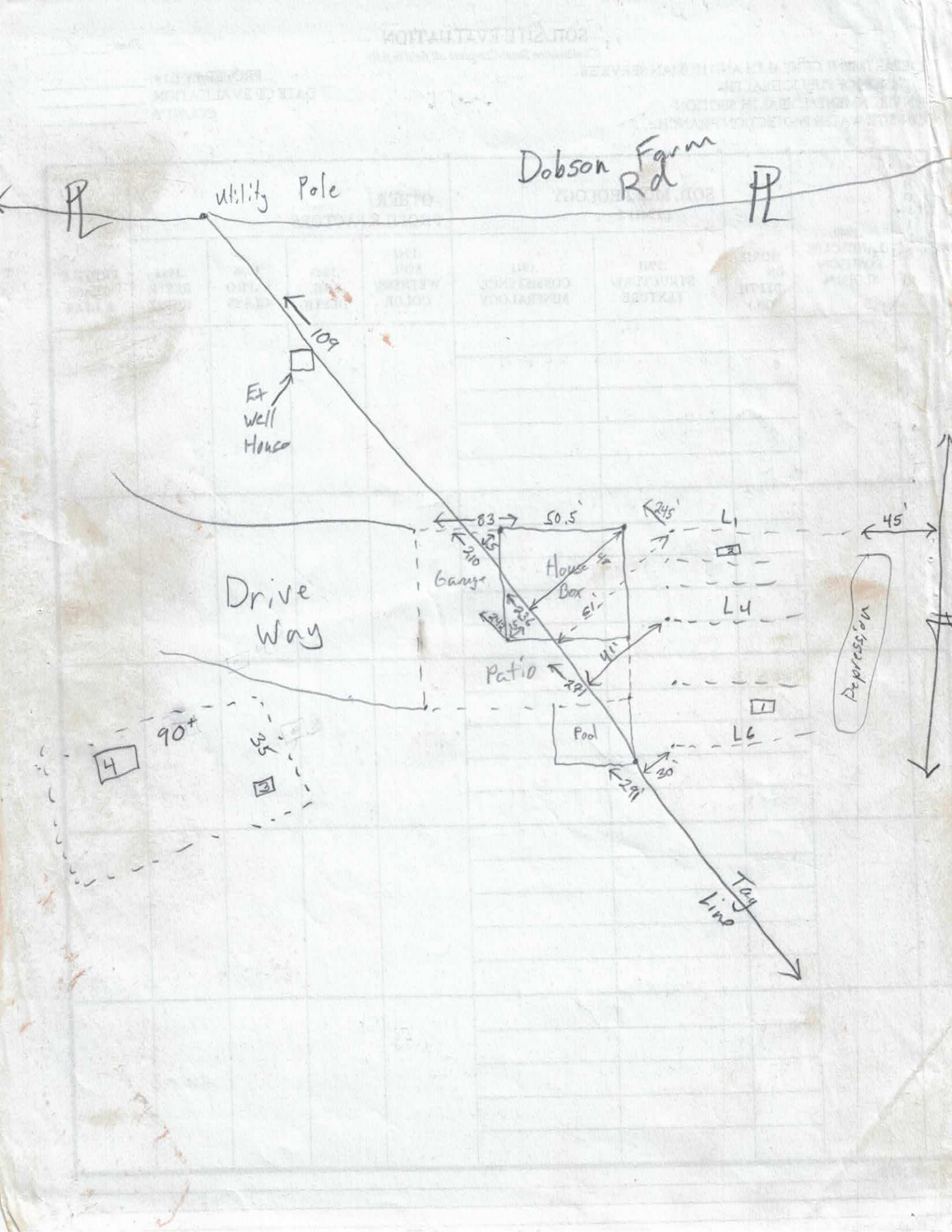
L_2 P 114 (6.26)

L_3 W $96'$ (7.13)

L_4 P 80 (7.70)

368




Dobson Farm Rd
Utility Pole
109
Ex Well House
83
50.5
245
L1
45'
210
Garage
House
Box
61
L4
Drive Way
Patio
41
291
Pool
L6
30
291
90+
35
4
3
1
Depression
Tay Line

DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF PUBLIC HEALTH, ENVIRONMENTAL HEALTH SECTION
ON-SITE WATER PROTECTION BRANCH

Dobson Farm Rd PROPERTY ID #: _____ Sheet ___ of ___
COUNTY: Iredell

SOIL/SITE EVALUATION
for ON-SITE WASTEWATER SYSTEM
(Complete all fields in full)

W 3 2 1

OWNER: Ronald + Colleen McCoy APPLICATION DATE 2/16/17
ADDRESS: _____ DATE EVALUATED: 3/14/17
PROPOSED FACILITY: 3 BR House PROPOSED DESIGN FLOW (.1949): 360 GPD PROPERTY SIZE: 5+ acres
LOCATION OF SITE: 484 Dobson Farm Rd PROPERTY RECORDED: Yes
WATER SUPPLY: ☒ Private ☐ Public ☐ Well ☐ Spring ☐ Other _____
EVALUATION METHOD: ☒ Auger Boring ☐ Pit ☐ Cut TYPE OF WASTEWATER: ☒ Sewage ☐ Industrial Process ☐ Mixed

PROFILE #	.1940 LANDSCAPE POSITION/ SLOPE %	HORIZON DEPTH (IN.)	SOIL MORPHOLOGY (.1941) .1941 STRUCTURE/ TEXTURE	SOIL MORPHOLOGY (.1941) .1941 CONSISTENCE/ MINERALOGY	OTHER PROFILE FACTORS .1942 SOIL WETNESS/ COLOR	.1943 SOIL DEPTH	.1956 SAPRO CLASS	.1944 RESTR HORIZ	PROFILE CLASS & LTAR
1		0-16	v.w. SBK SCL	sl. Firm, SS, Sp, Sap					Pit Required
		16-24	clay w-m ABK @ 18-20" YB	Firm, SS, Sp, Sap					
		24" X	consolidated clay + Saprolite						
2		0-6	v.w. SCL SBK	sl. Firm, SS, Sp, Sap					
		6-27	clay v.w. SBK + Pale YBs	Firm, SS, Sp, Sap					
		27-37	clay w-m SBK	sl. Firm, SS, Sp, Sap					
		37-40' X	clay + Saprolite						
3		0-15	SCL v.w. SBK/ABK	sl. Firm, SS, Sp, Sap	Y/R throughout		w/Sap/clay mix @ 28-30"		
		15-29	clay w. SBK/ABK	Firm, SS, Sp, Sap					
		29	Refusal						
4									

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)		
System Type(s)		
S[illegible] LTAR		

OTHER FACTORS (.1946): _____
SITE CLASSIFICATION (.1948): _____
EVALUATED BY: _____
OTHER(S) PRESENT: _____

COMMENTS: _____

RECEIVED SEP 2 1 2018 225035 Paid $320.00

IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

APPLICATION FORM

Application For: ( ) New Well Permit ( ) Well Repair Permit ( ) Well Abandonment
(X) Septic Improvement Permit (X) Authorization to Construct ( ) 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: (X) 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: Ronald McCoy Address: 399 Guilford Rd Harmony Zip: 28634
Applicant Email: ronnieandcolleen@yahoo Phone: 704 881 4290 Alt. Phone: 704 929 6493
Owner Name: Ronald & Colleen McCoy Address: 399 Guilford Rd Harmony NC Zip: 28634
Owner Email: ronnieandcolleen@yahoo Phone: 7048814290 Alt. Phone: 7049296493

Property Information:
Street Address: ~~489~~ 497 Dobson Farm Rd
Subdivision Name: N/a Section/Phase: _____ Lot Number: _____
Driving Directions: Route 15 towards Wilkesboro, right on Dobson Farm Rd (immediately after passing Love Valley turn) 1 mile down on Right - gray house

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

(X) New Single Family Residence — Maximum Number of Bedrooms: 3 — CHECK FOUNDATION TYPE
( ) New Multi-Family Residence — Maximum Number of Occupants: 3 — (X) Crawl Space Foundation
( ) Accessory Building — ( ) Swimming Pool — ( ) Concrete Slab Foundation
( ) Bedroom(s) Addition — ( ) Other Addition/Structure: _____ — ( ) Basement with Plumbing
( ) Repair to failing septic system ___ Tank ___ Drain lines Describe Problem: _____ — ( ) 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: _____ Number of Persons: _____
( ) New Well (X) Existing Well ( ) 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 (X) Conventional ( ) Innovative ( ) Modified Conventional ( ) Other: _____

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. industrial) 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.

Signature: Colleen McCoy 9/21/18
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) Colleen McG 9/20/18

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, _____, am the legal owner(s) of the property located at _____, 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 of Owner(s) Date

Mooresville - Environmental Health
Fax: 704-662-3239
610 E. Center Avenue, Mooresville, NC 28115

Statesville - Environmental Health
Fax: 704-871-3483
349 N. Center Street, Statesville, NC 28677

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)* Ronald & Colleen McCoy Colleen McC

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, Colleen McCoy, am the legal owner(s) of the property located at 497 Dobson Farm Rd, identified as

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

I do hereby authorize (**print legal representative/company name**) Curtis Barlowe, Barlowe Bros. Construction, 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.

Colleen McC — Signature of Owner(s)

10/30/18 — Date

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

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

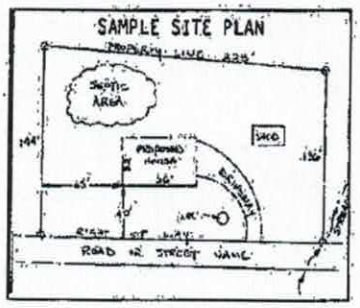
IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

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:

( ) Property Line measurements are clearly identified
( ) All proposed structures are indicated
( ) Front and side setbacks from property line
( ) Preferred driveway location
( ) Preferred well location
( ) Preferred septic system location
( ) 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

Grading issues.
Application for intermediate re-layout.

Signature: Colleen McS
Property owner or owner's legal representative signature (SIGNATURE REQUIRED)

9/20/18
DATE

IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 680-3625 PERMIT # 225035

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

PIN # 4820-33-2632

APPLICANT/OWNER: Ronald Mc Coy APPLICANT ADDRESS: 399 Guilford Rd. Harmony NC. 28634

SITE ADDRESS: 489 Dobson Farm Rd. Statesville, NC 28634 PHONE: 704-881-4290 ALT. PHONE

SITE DIRECTIONS: Rt 115 towards Wilkesboro → R on Dobson Farm Rd → Lot on Right

SUBDIVISION: SECTION: — LOT # — LOT AREA: 5 acres SAP CONTROLLED: ☐ YES ☒ NO

DESIGN FLOW: 360 GPD L.T.A.R.: 0.30

Septic Tank	1000	(gal)	STB		Date		☒ New System	☐ Repair	☐ Expansion
Pump Tank	—	(gal)	PT	—	Date	—	System Type:	I	II
Pump Make	—		Model	—	Serial #	—	III	IV	V
# Nitrification Fields	1	# Lines	6		Linear Ft	400	VI		
Trench Width	36"	Trench Bottom Depth (Low side)	40"		Gravel Depth	12"			

System Description: Conventional

Repair System Description: PPBPS C50% Reduction

Maintenance Agreement Required: ☐ YES ☒ NO

☒ GRAVITY ☐ PRESSURE

☒ Residence ☐ Business ☐ Other ☐ Slab ☐ Basement w/plumbing

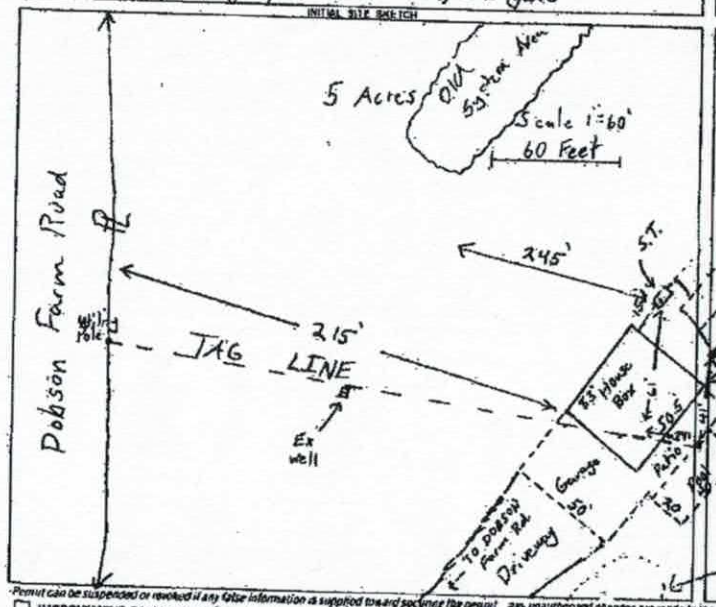
No. Bedrooms: 3 No. Persons: 6 No. Employees: — ☒ Crawl Space

Water Supply: ☒ Private Existing ☐ Public ☐ Community

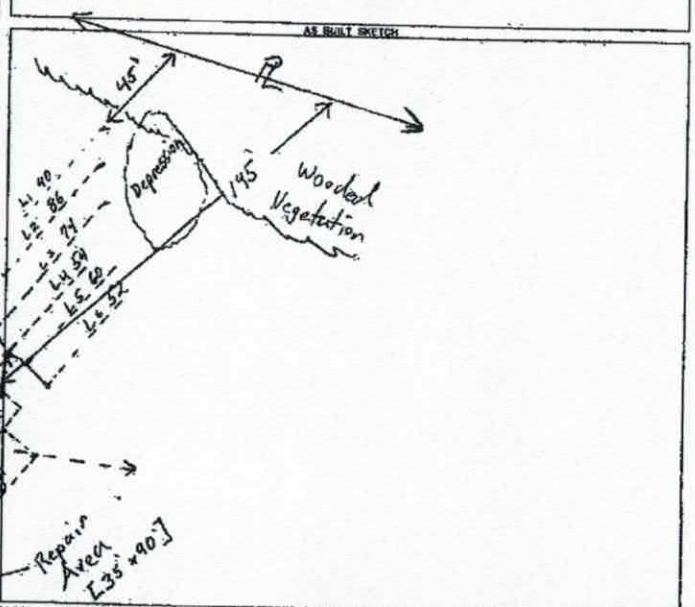
☐ Basement w/o plumbing

Comments / Conditions: Though the system does not qualify for a 25% reduction, 25% reduction materials may be used in lieu of gravel. Recommend pumping septic tank every 3-5 years

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: Date: 6/26/17 Installed by:

IMPROVEMENT PERMIT by: Date: 6/26/17 OPERATION PERMIT by: Date:

AUTHORIZATION TO CONSTRUCT by: Date: 6/26/17 Existing System Inspected by: Date:

Acknowledgement
Buyer's Signature
Date