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 X 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 #
Eric D Warren	403 zeb rd unionGrove	704-592-4854	704-880-8392
Owner Name	Mailing Address	Home Phone #	Alternate Phone #
—	—	—	—

4. Property Information:

Street Address	Subdivision Name	Section/Phase and Lot Number
403 zeb rd unionGrove	—	—

Driving Directions: 115 n to Fletcher Rd — 1 mile intersection of zeb & Fletcher

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

( ) New, Single Family Residence
( ) New, Multi-Family Residence
( ) Expansion of Existing Septic System
(X) Repair To Failing Septic System due to ___
(X) Other Detached Garage + Attached

Maximum Number of Bedrooms 3
Maximum Number of Occupants 4
If Expansion, Current Number of Bedrooms ___

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

IF Non- Residential Site Development: Type of Business
Square Footage of Building 1,500
Maximum Number of Employees
Maximum Number of Seats

PAID $2800 MA 9/14

6. Proposed Water Supply:

( ) New Well (X) 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 2007 Year

( ) Alternative ( ) Conventional ( ) Innovative ( ) Modified Conventional ( ) Other None

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: Eric D Warren — 9/4/15

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

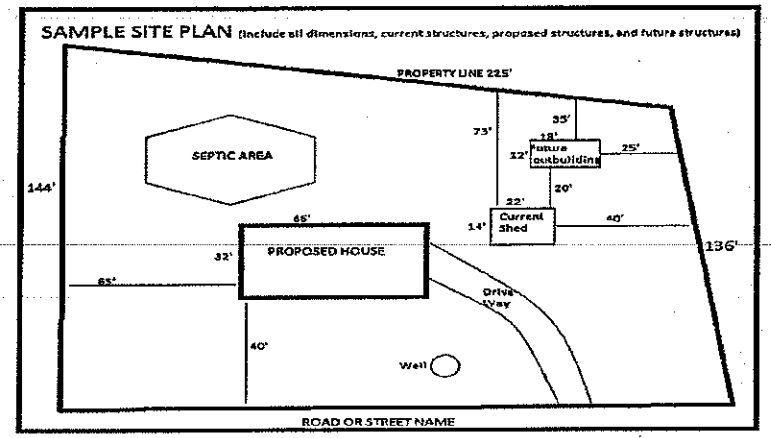
✓ **Front and side setbacks from property line...** ✓ **Preferred driveway location and configuration, preferred well location...**

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

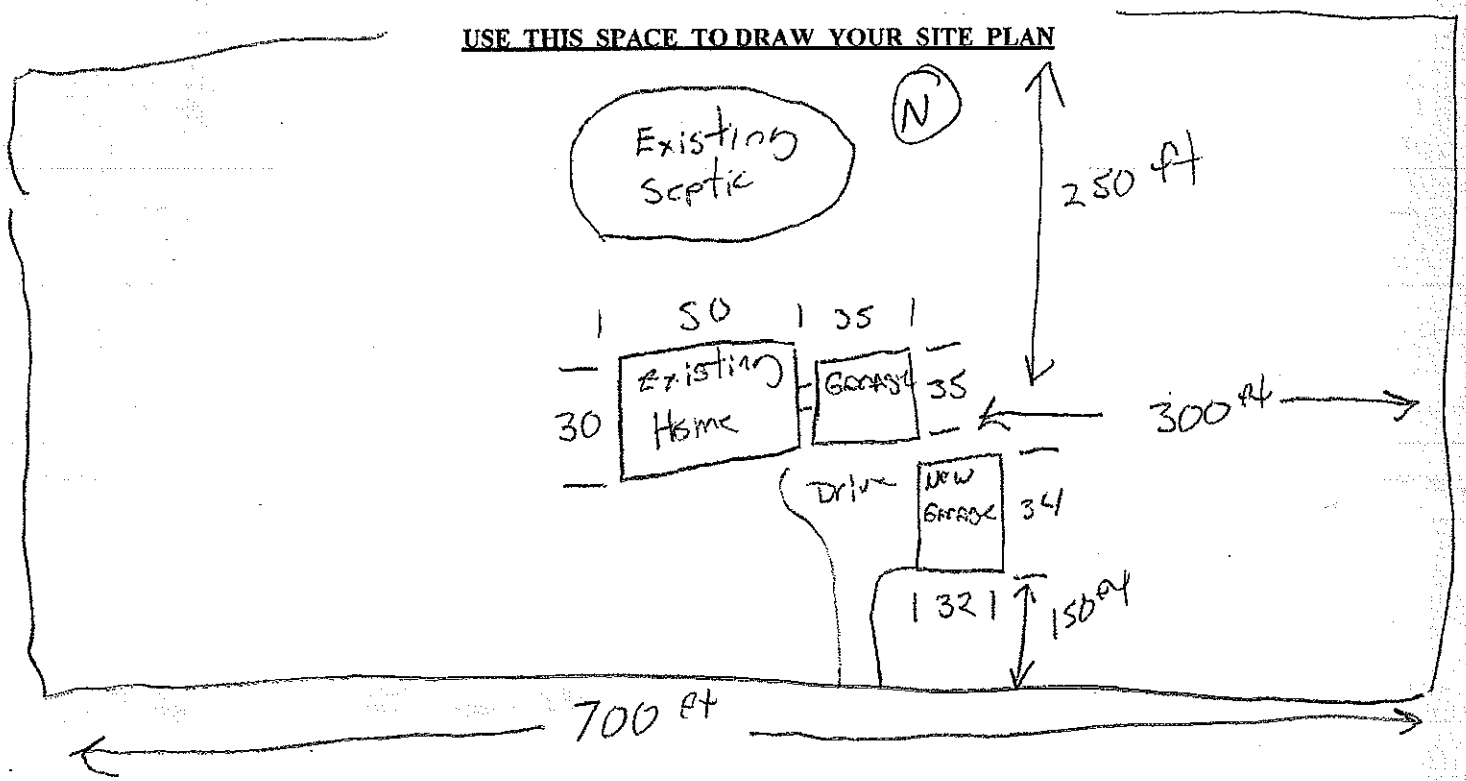
Circle N/A on the following if appropriate:

____ 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



Signature: Eric D Wham

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

9-14-15

DATE

IREDELL COUNTY HEALTH DEPARTMENT

STATESVILLE 704-878-5305 (C1) MOORESVILLE 704-664-5281

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

PERMIT# 125777 PIN# 4824-51-7456 704-880-8392 CELL # DATE 3-23-05

OWNER OR CONTRACTOR ERIC D WARREN PHONE: Business 704-592-4854 (H) Home 704-592-2451 (W)

ADDRESS 123 CALLOWAY LANE UNION GROVE NC 28689

LOCATION 115 NORTH @ ZOBRO CROSS BRIDGE PROPERTY ON RT

SUBDIVISION ____ BLOCK / SECTION ____ LOT ____ LOT AREA 2.51 AC SITE CLASS. PS DESIGN FLOW 480 L.T.A.R. .25

Septic Tank: 1000 Gallons; STB 1007 Date 3-15-05
Pump Tank: ____ Gallons; PT ____ Date ____
Pump Make: ____ Model ____ Serial No. ____
Nitrification Field: No Fields 1 Square Feet 1920' Linear Feet 640'
No Lines 4 SPLIT / B Trench Width 36" Max Trench Bottom Depth 30" Gravel Depth 10"

☒ New System ☐ Repair System Type: I. II. III. IV. V. VI
System Description: 6024 LONV
Repair System Description: PUMP LONV
Maintenance Agreement Required: ☐ Yes ☒ No

☒ House/Mod. Home ☐ Mobile Home ☐ Business ☐ Other
No. Bedrooms 4 No. Bathrooms 3 No. Employees ____

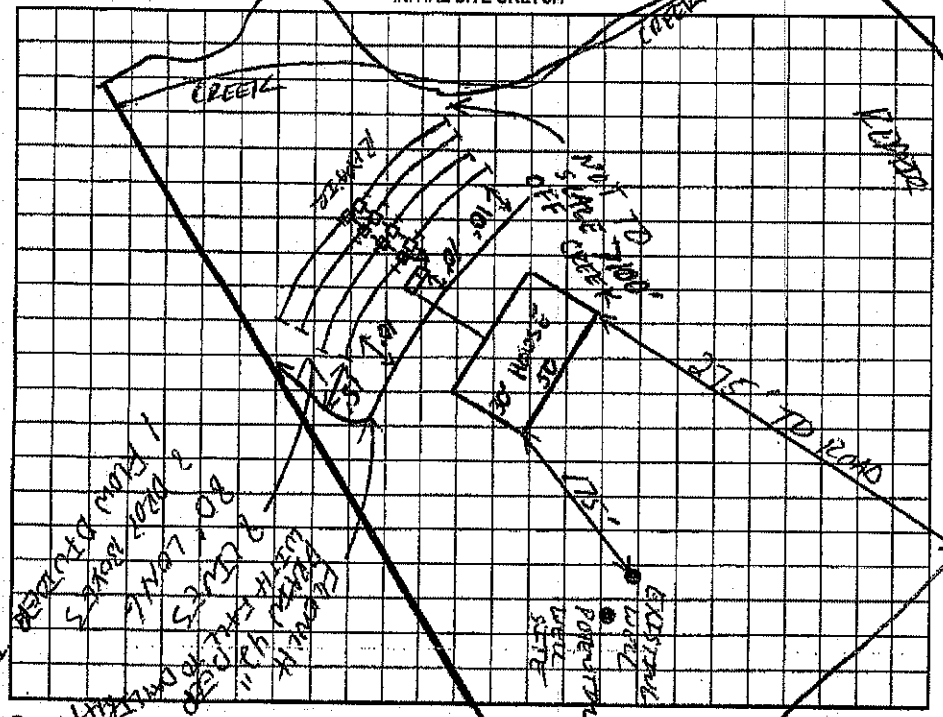
☐ Slab ☐ Crawl Space ☒ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☒ Individual ☐ Public ☐ Community

Comments/Conditions: (1) INSTALL LINES ON CONTOUR (2) MAINTAIN SETBACKS (3) BASEMENT CUT ALREADY NOT AT TIME OF CHECK (4) KEEP TRENCH DOWN 10' ABOVE & 15' TO THE SIDE OF THE SYSTEM.

Comments/Conditions: (4) NOTE MAXIMUM TRENCH BOTTOM DEPTH IS 30" DEEP. TRENCH DEPTH IS 40" DEEP

INITIAL SITE SKETCH



AS BUILT SKETCH

SEPTIC TANK WITH MARKER INSTALLED
USING "FABER" FILTER.
SYSTEM INSTALLED
ACCORDING TO
INITAL SITE 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: ____ date 3-23-05 Installed by: JAMES HUMLER

Improvement Permit by: ____ date 3-23-05 Operation Permit by: STEVE TEDRICK date 5-4-05

Authorization to Construct by: ____ date 3-23-05 Existing System Inspection by: ____ date ____

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