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IREDELL COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION

Application for IMPROVEMENT PERMIT, AUTHORIZATION TO CONSTRUCT, or 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. THIS IMPROVEMENT PERMIT IS VALID FOR EITHER 60 MONTHS OR WITHOUT EXPIRATION DEPENDING UPON OCUMENTATION 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 ___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 #	Alternate Phone #
Charlotte Pools	1458 Brawley School	704-799-7575	
Owner Name	Mailing Address	Home Phone #	Alternate Phone #
Sloan	509 Huie Rd Olin	704-902-9971	

4. Property Information:

Street Address	Subdivision Name	Section/Phase and Lot Number
509 Huie Rd Olin NC		

Driving Directions: 77 to exit 59 to Tomlin Mill Rd, (R) onto Jennings Rd (R) onto Huie Rd

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 ___
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: 500 Sq Ft
Square Footage of Building:
Maximum Number of Employees: Fryingpan
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 in ___ YEAR

( ) Alternative ( ) Conventional ( ) Innovative ( ) Modified Conventional ( ) Other ___ ( ) No Preference

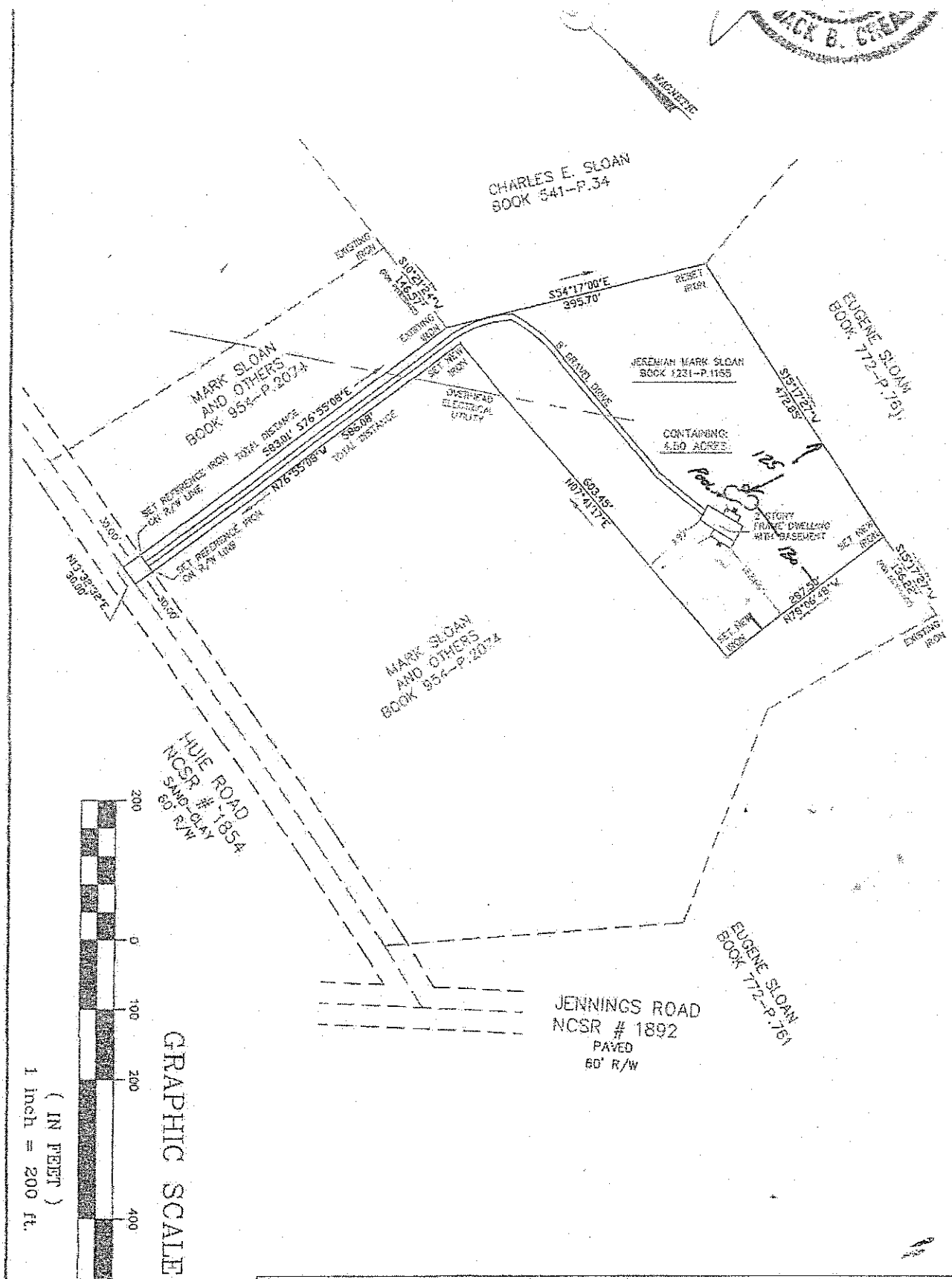
8. Please Answer The Following To The Best of Your Ability:

( ) Yes ( ) No Does the site contain any jurisdictional wetlands?
( ) Yes ( ) No Is any non-domestic sewage (i.e. 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: [signature] 4/29/15

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



A BOUNDARY SURVEY AND/OR DIVISION OF A PORTION OF THE PROPERTY OF:

PROPERTY OF JEREMIAH MARK SLOAN

SCALE: 1" = 200'	LOCATED IN: UNION GROVE TOWNSHIP IREDELL COUNTY NORTH CAROLINA	DRAWN BY: J.B.C.
DATE: 9-13-2000		

FOR DEED REFERENCE SEE BOOK 1231 PAGE 1155 AT IREDELL CO. COURTHOUSE.

IREDELL COUNTY HEALTH DEPARTMENT STATESVILLE 704-878-5305 MOORESVILLE 704-664-5281

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

DATE 1/24/01

PERMIT# 093823 PIN# 4844 57 8954

OWNER OR CONTRACTOR Jeremiah M. Sloan PHONE: Business (m. Her) 539-4000 Home

ADDRESS 2711 Jennings Rd Olin, N.C. 28660

LOCATION I-77N, exit Tomlin Mill Rd., Ⓛ to end of road, Ⓡ Jennings Road, past N. middle School Ⓡ Huie Rd, Property on Ⓡ in Field, top of hill

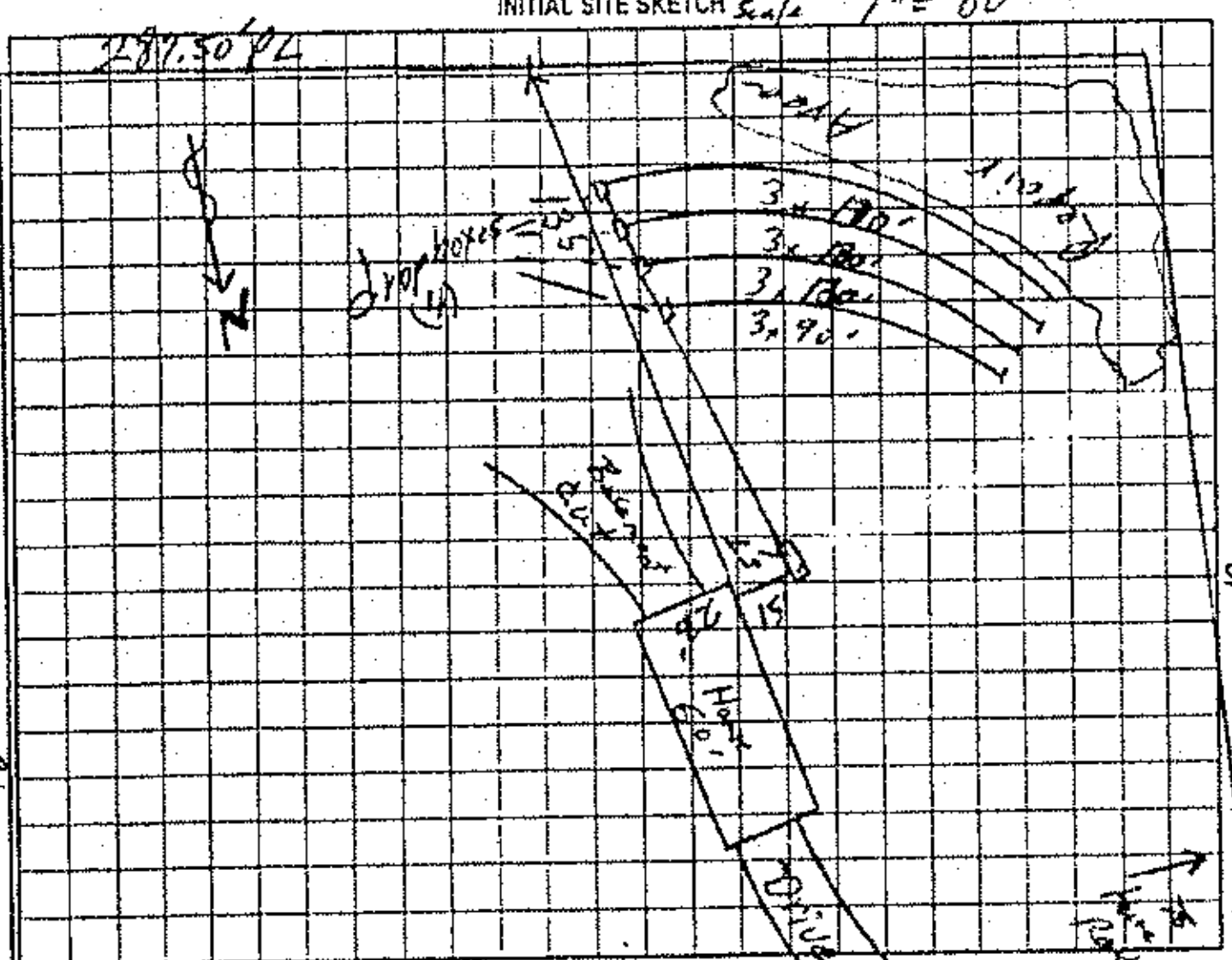
SUBDIVISION — BLOCK / SECTION — LOT — LOT AREA 4.10 SITE CLASS PS DESIGN FLOW 360 L.T.A.R. .25

Septic Tank: 1000 Gallons; STB 1012 Date 3-30-01 Pump Tank: Gallons; PT Date Pump Make: Model Serial No Nitrification Field: No Fields 1 Square Feet 1440 Linear Feet 480' No Lines 4 Trench Width 36" Max Trench Bottom Depth 24" Gravel Depth 12"	☒ New System ☐ Repair System Type: I Ⓘⓘ III IV V VI System Description: gravity, Conventional Repair System Description: gravity, 25% Reduction Maintenance Agreement Required: ☐ Yes ☐ No ☐ Slab ☐ Crawl Space ☐ Basement w/plumbing ☒ Basement wo/plumbing	☒ House/Mod Home No. Bedrooms 3 ☐ Mobile Home No. Bathrooms 2 ☐ Business No. Employees ☐ Other Water Supply: ☐ Individual ☒ Public ☐ Community

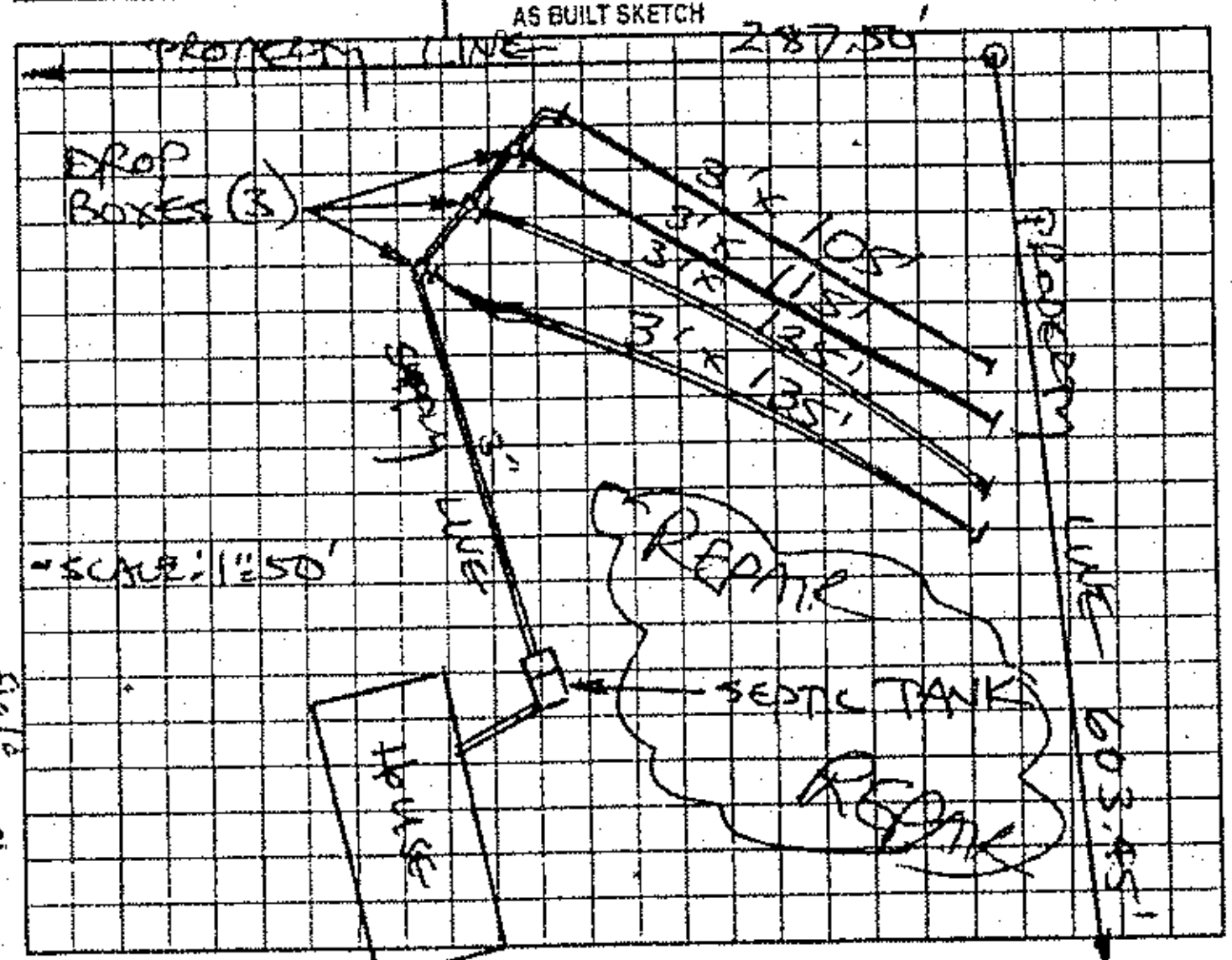
Comments/Conditions: ① Keep System Shallow, max Trench depth 24" ② Keep Tank 15 ft from Foundation ③ Install on Contour w/ drop boxes ④ Call Health Dept for layout before installing System

Comments/Conditions: ① SYSTEM ALTERED AS SHOWN WITH PRIOR HEALTH DEPARTMENT APPROVAL ② SEPTIC TANK WITH MARKER, INSTALLED USING "POLYLOK" FILTER

INITIAL SITE SKETCH Scale 1" = 60'



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 W. Sloan date 1-25-01 Installed by: A-1 BACKHOE

Improvement Permit by: William O. Johnson date 1/24/01 Operation Permit by: STEVE HEDRICK date 7-3-01

Authorization to Construct by: William O. Johnson date Existing System Inspection by: date

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

IREDELL COUNTY DEPARTMENT OF ENVIRONMENTAL HEALTH

DOCUMENTATION TO AUTHORIZE AN OWNER'S LEGAL REPRESENTATIVE

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.

I, Jeremiah Mark Scott, am the legal owner(s) of the property located at 509 Hutz Rd Olin NC 28660, identified as PIN (Parcel Identification Number) Book 1231 - P. 1155, located in Iredell County, North Carolina.

I do hereby authorize (**print legal representative/company name**) Charlotte Pools and Spas, 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.

Jeremiah Mark Scott 6/30/15

Signature of Owner(s) Date

Signature of Witness Date

Please return this signed form to the appropriate office:

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