IREDELL COUNTY HEALTH DEPARTMENT

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

PERMIT # 225553

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

PIN # 4852-15-1948.974

APPLICANT: JANE BUNDY APPLICANT ADDRESS: 206 DUNWICK LN. OLIN, NC 28660

SITE ADDRESS: 974 SLOANS MILL RD. OLIN, NC 28660 PHONE: 704-880-5693 ALT. PHONE:

SITE DIRECTIONS: 901, TL PIONEER, TR SLOANS MILL, ON R

SUBDIVISION: SECTION: — LOT # — LOT AREA: 1.5AC DESIGN FLOW: 360 L.T.A.R.: .3

Septic Tank 1000 (gal) STB 760 Date 1-24-2017

Pump Tank (gal) PT Date

Pump Make Model Serial #

Nitrification Fields 1 # Lines 3 Linear Ft: 300'

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

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

System Description:

Repair System Description: 25% 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

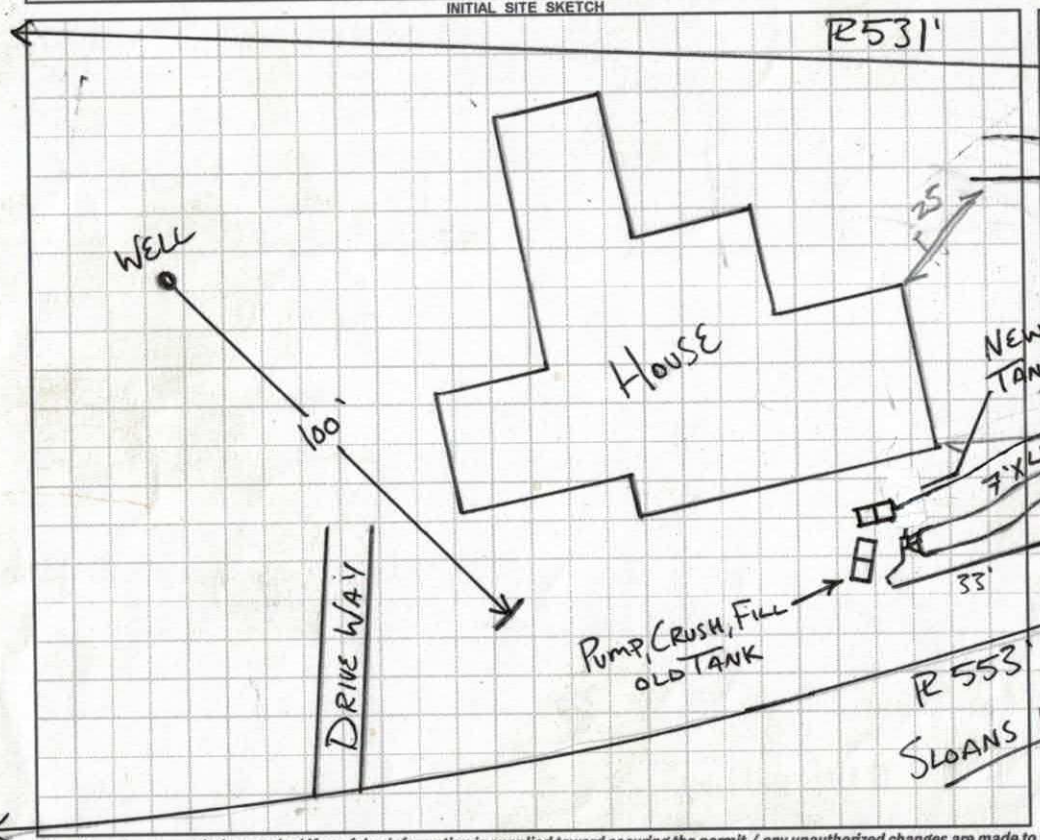
Water Supply: ☑ Private ☐ Public ☐ Community

☐ Basement w/o plumbing

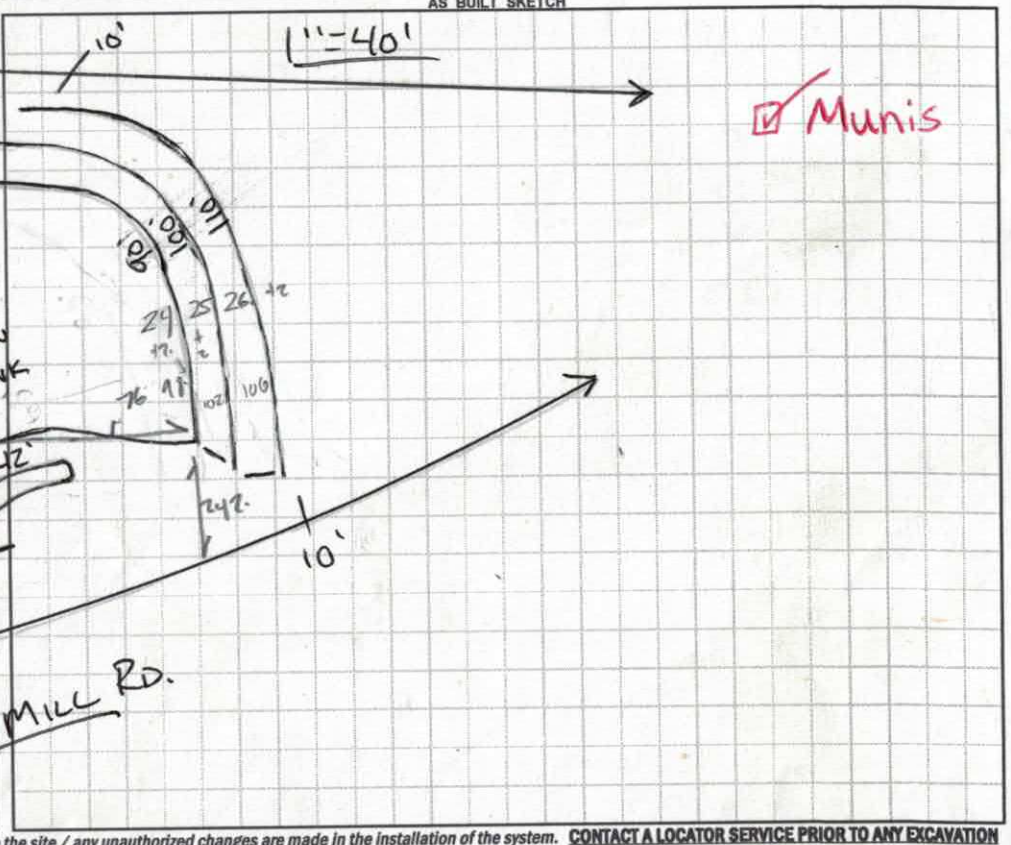
Comments / Conditions: REPLACE OLD TANK. SET DROP BOX TO FEED BED 1ST.

Insuit. to feed bed due to Roots clogging the downlines

INITIAL SITE SKETCH



AS BUILT SKETCH



☑ Munis

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: Faxed to Lentz per owner Date: 4/4/17 Installed by: Lentz wastewater

IMPROVEMENT PERMIT by: Date: 4-3-17 OPERATION PERMIT by: B. Bottkins Date: 4/3/2017

AUTHORIZATION TO CONSTRUCT by: Date: 4-3-17 Existing System Inspected by: Date:

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

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

Sheet ___ of ___
PROPERTY ID #: 4852-15-1944
COUNTY: IREDELL

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

OWNER: JANE BUNDY
ADDRESS: 974 SLOANS MILL RD.
PROPOSED FACILITY: SFR
PROPOSED DESIGN FLOW (.1949): 360
LOCATION OF SITE:
APPLICATION DATE: 3-9-17
DATE EVALUATED: 4-18-17
PROPERTY SIZE: 1.5AC
PROPERTY RECORDED: Y

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	L 3%	0-26	RCMSBK	SS	—	48"	COMMINCE 40-48	48+	.3
		26-40	RCLMSBK	SS	—				
		40-48	RCLWSBK	SS	—				
2	L 3%	0-31	RCMSBK	SS	—	48"	MANY C 44-48"	48+	.3
		31-48	RCLWSBK	SS	—				
3									
4									

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)		PS
System Type(s)		25%
Site LTAR		.3

OTHER FACTORS (.1946):
SITE CLASSIFICATION (.1948): PS
EVALUATED BY: RALLS
OTHER(S) PRESENT: NONE

COMMENTS:

CHARLES 754 FAITH

828-320-0744

4:00

OK

IREDELL COUNTY HEALTH DEPARTMENT Permit 225553
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. 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 ___ 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 #
Jane S. Bundy	206 Dunwick Ln Olin NC 28660	704 539-4532	704 880-5693
Owner Name	**Mailing Address**	**Home Phone #**	**Alternate Phone #**
Stack Investments LLC	206 Dunwick Ln Olin NC 28660	same	same

4. **Property Information:**

Street Address	Subdivision Name	Section/Phase and Lot Number
974 Sloans Mill Rd.		

Driving Directions: I 77 N; exit 65; left onto 901; left onto Pioneer Rd; go to end of Pioneer; turn right – 974 Sloans Mill is the first brick house on the right - approx ½ mile.

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 wet spots on top of tank
( ) Other

Maximum Number of Bedrooms 3
Maximum Number of Occupants 4
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
Square Footage of Building
Maximum Number of Employees
Maximum Number of Seats

6. **Proposed Water Supply:**

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

7. **Desired Septic System Type:** *(You may rank in order of preference, if any)* (X) Existing system--installed in ____ YEAR
( ) 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:** Jane S. Bundy 3-9-17
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

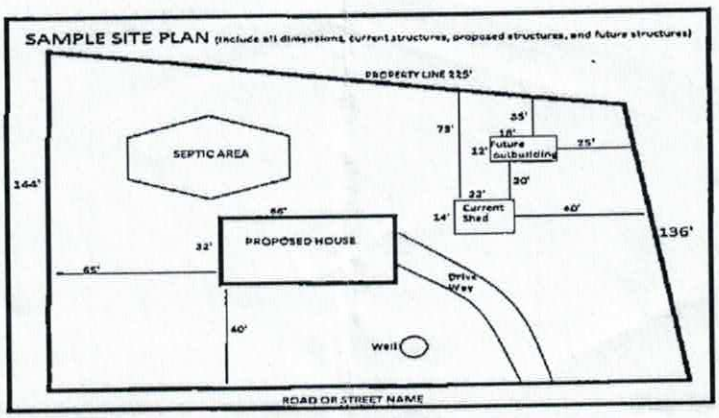
____ Front and side setbacks from property line... **____ Preferred driveway location and configuration, preferred well location...**

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

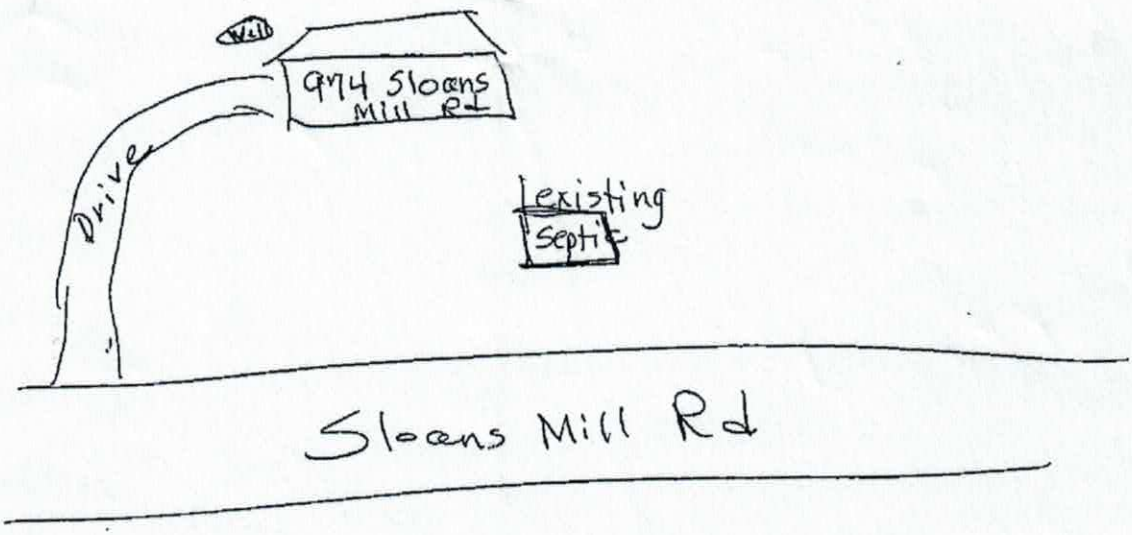
Circle N/A on the following if appropriate:

____ 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: Jane S Bundy
REQUIRED **property owner or owner's legal representative signature.**

3-9-17
DATE