IREDELL COUNTY HEALTH DEPARTMENT

STATESVILLE 704-878-5305 MOORESVILLE 704-664-5281

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

PERMIT # 159702 PIN # 4863-97-3430 DATE 2-18-2010

OWNER or APPLICANT SHELL & BILL BURWELL PHONE: Business 704-657-1711 Home: 704-402-7220

OWNER or APPLICANT ADDRESS 848 TROY MILL ROAD HAMPTONVILLE NC 27020

LOCATION / DIRECTIONS EAGLE MILL ROAD TO TROY MILL ROAD, ON LEFT AT #848 BACK OFF ROAD

SUBDIVISION BLOCK / SECTION LOT # LOT AREA 22.98 AC DESIGN FLOW 360' L.T.A.R. 0.25 GPD/FT

Septic Tank 1000 Gallons: STB 760 Date 8-1-09

Pump Tank Gallons: P T Date

Pump Make Model Serial #

Nitrification Field No Fields 1 No Lines 4 Linear Feet 360

Trench Width 36" Max. Trench Bottom Depth 36" Gravel Depth N/A

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

System Description: 25% REDUCTION

Repair System Description: SHALLOW 25% REDUCTION

Maintenance Agreement Required ☐ YES ☒ NO

☒ GRAVITY ☐ PRESSURE

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

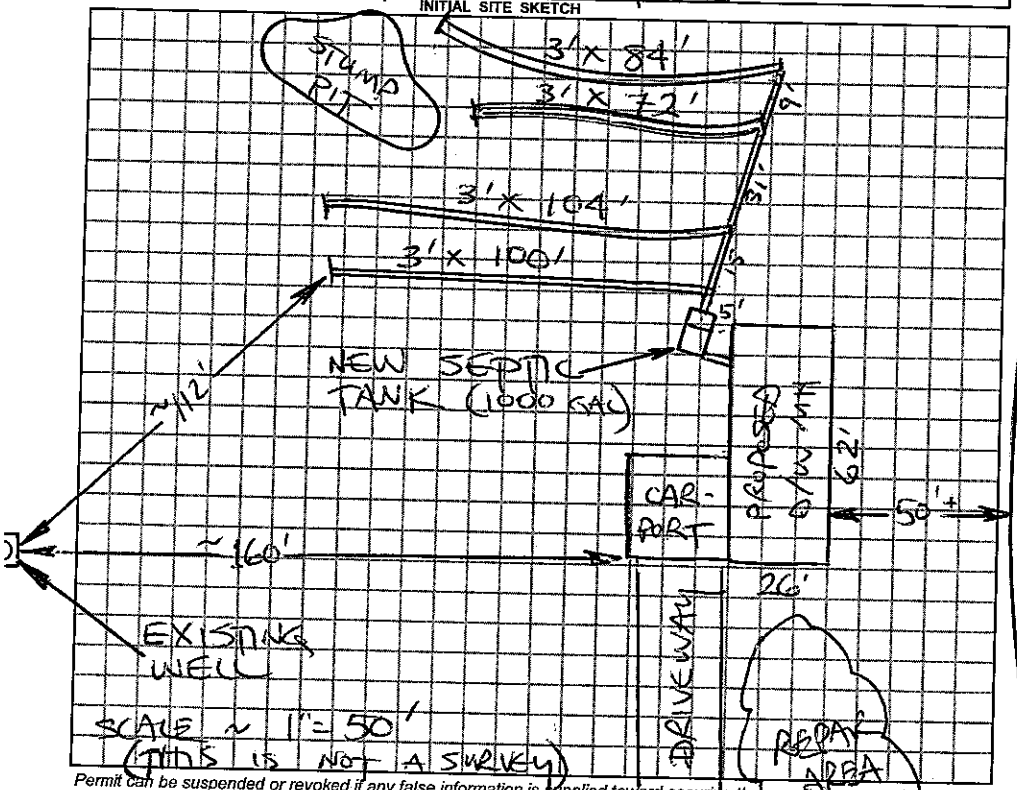
Water Supply ☒ Private WELL ☐ Public ☐ Community

Comments / Conditions

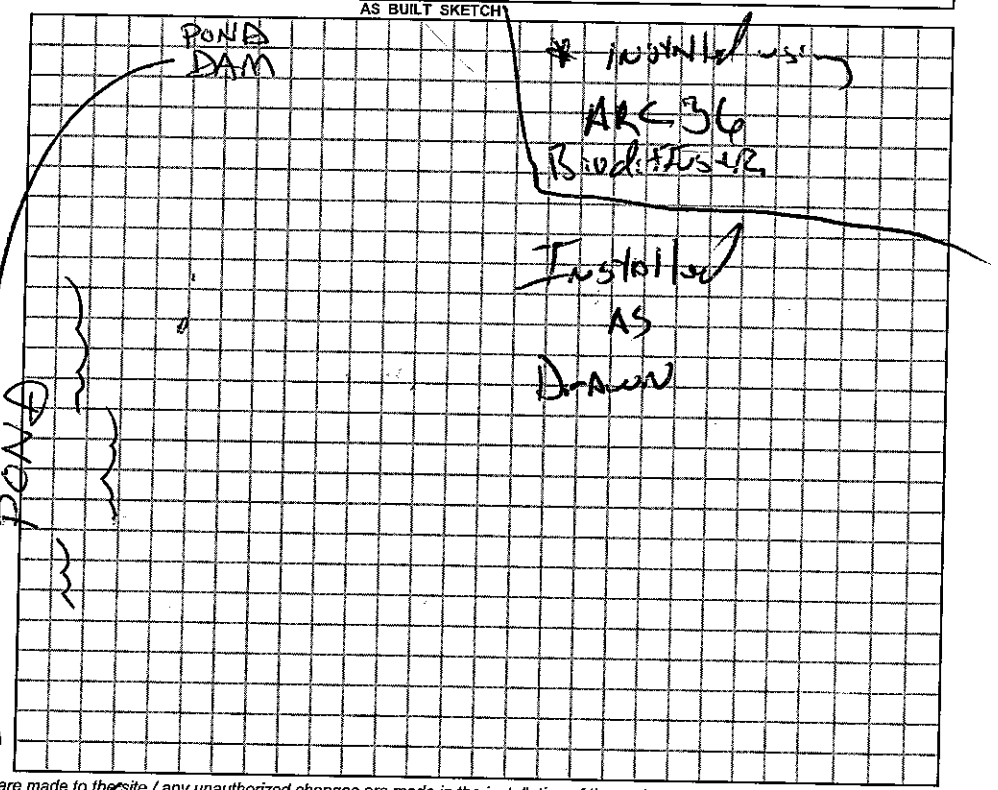
(1) ABANDON EXISTING SEPTIC SYSTEM.
(2) INSTALL 25% REDUCTION SYSTEM AS FLAGGED
(3) DAM EXISTING DRAINLINES IF ENCOUNTERED DURING EXCAVATION OF NEW DRAINFIELD.

Comments / Conditions Polylok 4" Hwt

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.

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

Owner / Applicant Signature: Shelli P. Burwell Date 2-18-10

Improvement Permit by: STEVE HEDRICK Date 2-18-2010

Authorization to Construct by: STEVE HEDRICK Date 2-18-2010

YOU SHOULD CONTACT A LOCATOR SERVICE PRIOR TO ANY EXCAVATION.

Installed by: Abee

Operation Permit by: , R.S. Date: 8 March 10

Existing System Inspected by: Date:

WHITE COPY Environmental Health YELLOW COPY (Final) Owner / Applicant PINK COPY (Initial) Owner / Applicant

IREDELL COUNTY HEALTH DEPARTMENT

Application For Improvement Permit and/or Authorization To Construct, 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:
   Place check ( ) beside whichever is submitted if applicable
   ___ Survey Plat, Scaled no more than 1 Inch = 60 Feet
   ___ Custom Site Plan, Scaled no more than 1 Inch = 60 Feet

3. **Applicant Information:**

Applicant Name	Mailing Address	Home Phone	Work Phone
Shelli + Bill Burwell	843 Troy Mill Rd. Hamptonville, NC 27020	(704)402-7220	(704)657-1711
Owner Name	**Mailing Address**	**Home Phone**	**Work Phone**
Shelli + Bill Burwell	843 Troy Mill Rd Hamptonville NC 27020	(704)402-7220	(704)657-1711

4. **Property Information:**

Street Address	Subdivision Name	Section/Phase and Lot Number
848 Troy Mill Rd Hamptonville NC 27020		

Driving Directions: 77 North, exit 65 Hwy 901 turn right, 1.5 miles, left Eagle Mills Rd, 5 miles 2nd intersection right Troy Mill Rd Property on left.

****

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

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 thanks →
Square Footage of Building
Maximum Number of Employees
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)*

( ) Alternative ( ) Conventional ( ) Innovative ( ) Modified Conventional (✓) Other Existing ( ) 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: Shelli P. Burwell — 2/02/10

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

IREDELL COUNTY HEATLH DEPARTMENT

PAGE 2: *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…
- X 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…
- X Preferred driveway location and configuration, preferred well location…
- X Area you prefer your septic system to be placed…
- X North arrow, or other sufficient indicator of direction…

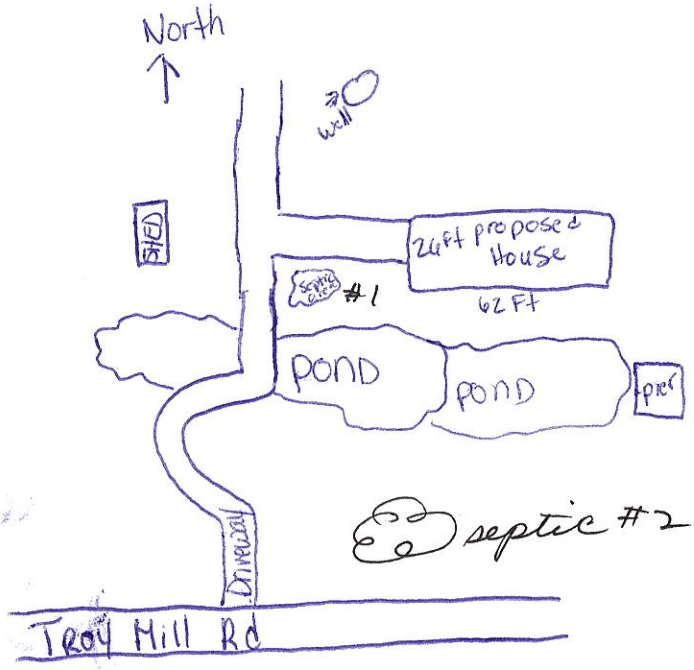
Circle N/A on the following if appropriate:

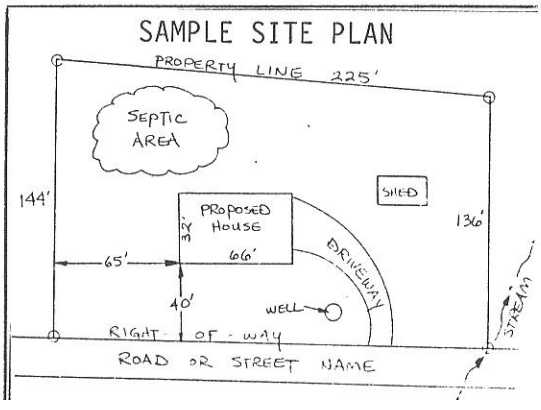
- ___ Location of septic systems and wells within 100' of your property… N/A
- ___ Location of easements and rights of ways on your property… N/A
- ___ Location of any designated wetlands on the property… N/A

Signature: Rick P. Farrell Shelli P. Burrell
Property owner or owner's legal representative signature (SIGNATURE REQUIRED)

2-2-10
DATE

USE THIS SPACE TO DRAW YOUR SITE PLAN





Iredell County
Planning & Enforcement
349 N. Center St. PO Box 788
Statesville, NC 28687
704-878-3113



Zoning Permit

Permit Number: 159702ZO

Printed: 1/20/2010

Master #: 159702

Associated Permits:
159702ZO Zoning

Applicant

Name: Shelli & Bill Burwell
Address: 843 Troy MIll Rd.
HAMPTONVILLE, NC 27020
Phone: 704-402-7220

Parcel

Parcel Number: 4863973430.000
Address: 848 Troy Mill RD
HAMPTONVILLE, NC 27020
Subdivision:
Zoning: RA
Township: 0600
Area: 22.85
Lot(s):
Directions to Parcel: 77 North, exit 65 Hwy 901 turn right, 1.5 miles, left Eagle Mills Rd, 5 miles 2nd intersection right Troy Mill Rd, property on left

Owners

Name: Shelli & Bill Burwell
Address: 843 Troy MIll Rd.
HAMPTONVILLE, NC 27020

Contractors

Fees and Receipts:

Number	Description	Amount
FEE-203057-07	Zoning - Permit / Inspection	$55.00
FEE-203058-07	Technology and Administrative Fee	$1.65
FEE-203059-07	Environmental Health - Existing System	$120.00
	Total Fees:	**$176.65**
REC-113714-07		$176.65
	Total Receipts:	**$176.65**

Conditions

Paid $176.65
Ck. #1882 ar