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: ___ 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	Work Phone
Clayton Homes of Statesville	2026 North Side Drive Statesville NC		704-873-2547
Owner Name	Mailing Address	Home Phone	Work Phone
Jody Pigman			

4. **Property Information:**

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

Driving Directions: Hwy 77 North, Turn Right 901, Turn Left on Eagle Mills, Turn Left Troy Mill - on the Right

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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 (4 VGW)
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 ___
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)*

(3) Alternative (1) Conventional (2) Innovative (4) Modified Conventional (5) 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: ___ 4/28/08
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

6/9/08

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...
- ✓ 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:

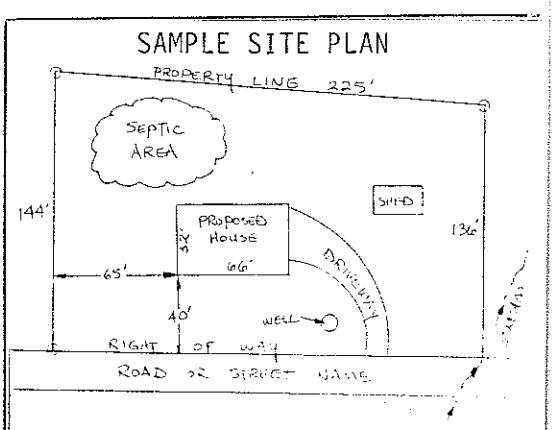
- N/A Location of septic systems and wells within 100' of your property... N/A
- N/A Location of easements and rights of ways on your property... N/A
- N/A Location of any designated wetlands on the property... N/A

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

4/28/08
DATE

USE THIS SPACE TO DRAW YOUR SITE PLAN

Existing System Inspection



IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 15008 PIN# 4872588443 DATE 6-4-08

OWNER OR APPLICANT Jody Pierson PHONE: Business _____ Home 704-873 2547

ADDRESS Box 23 Harmony NC 28634

LOCATION 77N (R) 90T (R) Eagle Mill (R) Long mill - on right left store RD

SUBDIVISION _____ BLOCK / SECTION _____ LOT _____ LOT AREA 1.111 SITE CLASS. B DESIGN FLOW 360 L.T.A.R. .3

Septic Tank: 1000 Gallons: STB 1250 Date 6-2-98

Pump Tank: _____ Gallons: PT _____ Date _____

Pump Make: _____ Model _____ Serial No. _____

Nitrification Field: No Fields ____ Square Feet _____ Linear Feet _____

No Lines _____ Trench Width _____ Max Trench Bottom Depth _____ Gravel Depth _____

~~Exist~~ ☐ New System ☐ Repair ☐ Expansion System Type: I II III IV V VI

System Description: Conv. Gravity

Repair System Description: 2590 Gravity

Maintenance Agreement Required: ☐ Yes ☐ No

☐ House/Mod. Home No. Bedrooms 3

☐ Mobile Home No. Persons ____

☐ Business No. Employees ____

☐ Other _____

Water Supply: ☐ Individual ☐ Public ☐ Community

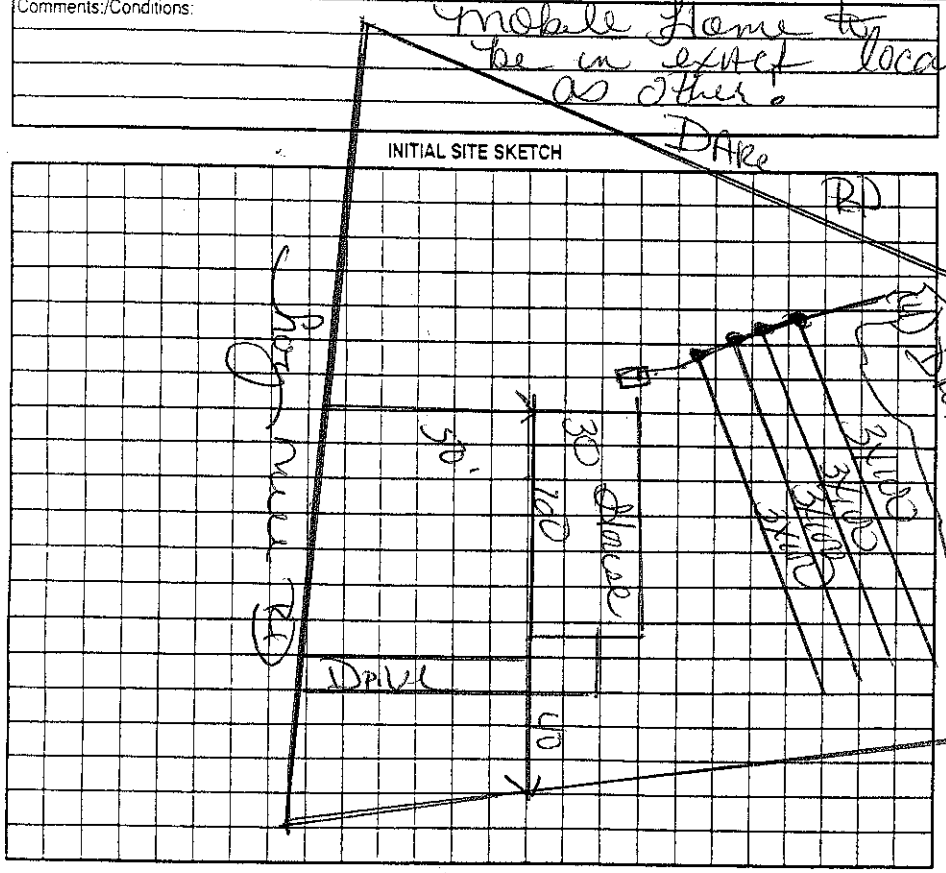
☐ Gravity ☐ Pressure ☐ Slab ☐ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Comments:/Conditions:

Mobile Home to be in exact location as other.

Comments:/Conditions:

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 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 6-4-08

Improvement Permit by: _____ date _____

Authorization to Construct by: _____ date _____

Installed by: _____

Operation Permit by: _____ date _____

Existing System Inspection by: _____ date 6-4-08

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

IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 074644 PIN# 4872 28 8443 DATE 7-14-98

OWNER OR CONTRACTOR JODY PIGMAN PHONE Business Home 592-5562

ADDRESS P.O BOX 23, UNION GROVE NC 28689

LOCATION I-77 N, TR NC 901, TL EAGLE MILLS RD, TL TROY MILL ROAD, ON RIGHT AT DARE ROAD

SUBDIVISION BLOCK SECTION LOT LOT AREA 1.141 ACRES SITE CLASS PS DESIGN FLOW 360 L T A R 0.30 GPD/F

Septic Tank 1000 Gallons SEP 620 Date 6-24-98
Pump Tank Gallons PS Date
Pump Make Model Serial No
Nitrification Field No Fields 1 Square Feet 1200 Linear Feet 400
No Lines FOUR Trench Width 36 Max Trench Bottom Depth 36" Gravel Depth 12"

✓ New System Repair System Type I II III IV V VI
System Description CONVENTIONAL GRAVITY
Repair System Description CONV. GRAVITY
Maintenance Agreement Required Yes ✓ No

House/Mod Home No Bedrooms 3
✓ Mobile Home No Bathrooms 2
Business No Employees
Other

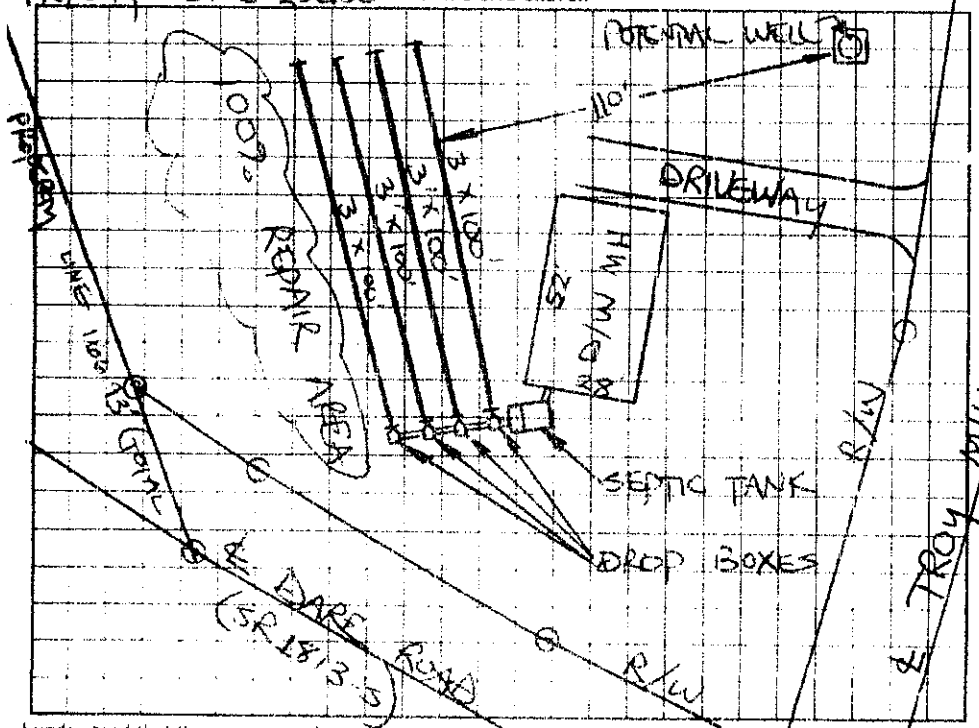
Slab ✓ Crawl Space Basement w/plumbing Basement w/o plumbing

Water Supp
Individua
Public
WELL

Comments/Conditions:

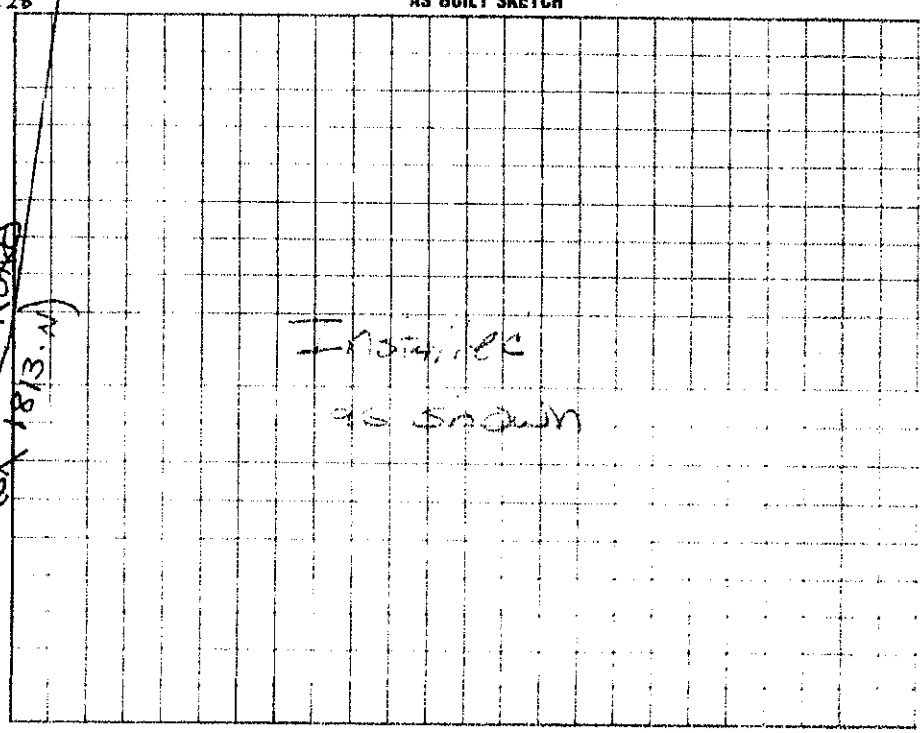
SCALE: 1" = 50'

INITIAL SITE SKETCH



Comments/Conditions:

AS BUILT SKETCH



I understand that this 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 ins tion 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 to exceed sixty months.

Signed: [signature] date 7/14/98 Installed by: Sammy Eggers

Improvement Permit by: STEVE HEDRICK date 7-14-98 Operation Permit by: [signature] date 8-20-98

Authorization to Construct by: STEVE HEDRICK date 7-14-98 Existing System Inspection by date

JAN. 3, 1989 1:27