

IREDELL COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION

Effective 7-01-2011: Septic Repair Evaluation fee = \$60.00
Septic Repair Permit fee = \$75.00

Fees must be paid and submitted with the completed Application and existing system information prior to a site visit.

The following information is needed to locate the existing septic layout for the site of the reported malfunctioning system. This will assist our Environmental Health Specialist in determining the actual system layout.

Incomplete or missing information may delay the system repair. Sometimes, septic system permits are in the name of a contractor. Mobile and modular homes may also be listed in the name of a mobile home company (Ex. Clayton Mobile Homes, First Choice Housing, Statesville Housing, etc.) If you do not know, ask a neighbor that might possibly know who built the home if you are not the original owner. Since we do not presently have an automated system, any little bit of extra information you can provide would greatly aid in the search.

For property located **NORTH of** Ostwalt-Amity Road, all **completed** forms and payment should be submitted to the Statesville office between the hours of 8:00am and 5:00pm daily. This office does close 1 hour for lunch, generally 12:00-1:00pm.

For property located **SOUTH of** Ostwalt-Amity Road, all **completed** forms and payment should be submitted to the Mooresville office ***between the hours of 8:00am and 12:00pm daily. Please note that this office only has part-time clerical staffing.***

Physical Addresses:

Statesville Office:

318 Turnersburg Hwy.
Statesville, NC 28625-2798
Phone: 704-878-5305

Mooresville Office:

610 East Center Avenue
Mooresville, NC 28115-2548
Phone: 704-664-5281, Option 3

Existing Septic System Information Needed for SEPTIC REPAIR PERMIT

DATE: _____ PIN: _____
(Shows on your annual tax bill.)

REQUESTED BY: _____ PHONE: _____

ADDRESS OF PROPERTY: _____ CITY: _____

SUBDIVISION: _____ LOT #: _____

YEAR SEPTIC INSTALLED OR HOME BUILT / PLACED: _____ Stick built _____ Modular _____ Mobile _____

NAME OF APPLICANT, CONTRACTOR OR MOBILE HOME COMPANY AS APPLICABLE:

NAME OF FIRST OWNER: _____

**REDELL COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
Application for SEPTIC REPAIR PERMIT**

(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 # |
| Owner Name | Mailing Address | Home Phone # | Alternate Phone # |

4. Property Information:

| | | |
|----------------|------------------|------------------------------|
| Street Address | Subdivision Name | Section/Phase and Lot Number |
|----------------|------------------|------------------------------|

Driving Directions: _____

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

- New, Single Family Residence Maximum Number of Bedrooms _____ Crawl Space Foundation?
- New, Multi-Family Residence Maximum Number of Occupants _____ Concrete Slab Foundation?
- Expansion of Existing Septic System If Expansion, Current Number of Bedrooms _____ Basement w/Plumbing?
- Repair To Failing Septic System due to _____ Basement w/out Plumbing?
- Other _____

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) EXISTING SYSTEM installed _____

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

**IREDELL COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
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:

- 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: _____

REQUIRED property owner or owner's legal representative signature.

DATE _____

USE THIS SPACE TO DRAW YOUR SITE PLAN

