

**IREDELL COUNTY HEALTH
DEPARTMENT
ENVIRONMENTAL HEALTH
DIVISION**

Effective 01/01/2015 :

There is **NO** Repair **EVALUATION** fee paid at time of application submittal. Once Environmental Health has made a site visit and determined that a repair permit is necessary, the fee of \$150 must be paid before the permit will be issued.

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.

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 5:00pm daily.

Physical Addresses:

Statesville Office:

349 N. Center St.
Statesville, NC 28677
Phone: 704-878-5305

Mooresville Office:

610 E. Center Ave.
Mooresville, NC 28115
Phone: 704-660-3625

Existing Septic System Information Needed for SEPTIC REPAIR PERMIT

DATE: _____ PIN: _____ (Shows

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?
(X) 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

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

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 :
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:

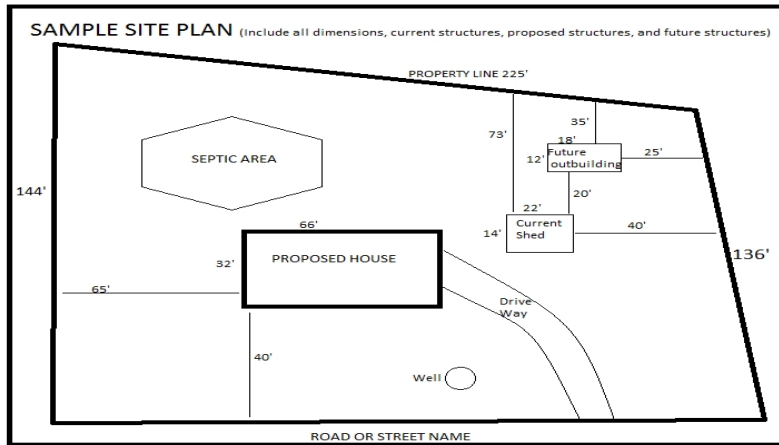
Property Line measurements are clearly identified... All proposed structures are indicated...

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: _____
REQUIRED property owner or owner's legal representative signature.

DATE

ENVIRONMENTAL HEALTH REQUIREMENTS for SEPTIC PERMITS

The following items must be completed PRIOR to the SUBMITTAL of the Improvement Permit (IP) Authorization to Construct (AC) / Existing System application packet.

**** Initial each statement to indicate you have read and agree. ****

_____ **Complete all Environmental Health forms:** septic system application, site plan, new well water application (if applicable), and sign this green sheet after you have completed all items. Include a copy of the site Zoning Permit. NOTE: A Zoning Permit is not required for septic system repairs or expansion where no addition is being made to an existing structure. All applications requiring zoning must submit completed paperwork and applicable fees to **CENTRAL PERMITTING** before any name will be placed on the service request (appointment) list. Applications not requiring zoning may be submitted and paid for at Central Permitting in Statesville OR the Mooresville office of Environmental Health. Only properly completed applications will be placed on the service request list on a first come, first serve basis. **Incomplete applications will be returned to the applicant.**

_____ **Lots must be cleared** to allow access and provide good visibility. Structure footprint must be visible and adequate area for septic drain field and repair area must be cleared sufficiently to provide staff room to move about freely, shoot laser level elevations as well as test soil with hand auger, etc. **If they cannot access the lot, you will incur a \$100 revisit fee AFTER clearing the lot before Environmental Health will return to the site.**

_____ Clearly **mark all property corners by locating existing iron or concrete markers.** Flag all property lines every twenty-five feet if adjacent corners are not visible when standing on any given corner. Property lines must be flagged by a licensed NC surveyor and easily identified. 'Mow lines' and/or fence lines do NOT constitute marked lines.

_____ **Stake or flag the footprint of the proposed building structure or addition to match site plan application.** Without a footprint Environmental Health cannot determine the location and size of a proposed septic system.

_____ Where an **Authorization to Construct (AC) is desired**, submit a recorded copy of the plat for the subdivision lot and include a legible copy of the basic floor plan not larger than 11" x 17" for each floor in the structure. Be sure to include any decks, porches, etc.

_____ In the event that backhoe pits are required for soil evaluation (which cannot be determined until Environmental Health staff arrive to test soil) understand that **you are responsible for securing these services.** This may delay the permitting process, but will not result in the application being returned to the bottom of the work list. You must coordinate with the Environmental Health Specialist when test pits are to be dug. The application will be worked back into the schedule as quickly as possible.

Any site not meeting the above requirements when staff arrives for the evaluation will result in a \$100 site revisit fee and the request being returned to the bottom of the service request list. Once work by Environmental Health staff begins, the up-front fees paid toward securing any health department permit are non-refundable. Refunds for work not started, due to a customer changing their mind or plans, are subject to an administrative fee of \$50 to defray a portion of the costs of processing the refund.

By signing below I am acknowledging the above specifications have been met and the site is READY to be evaluated.

Signature _____ **Date** _____

Questions? Call between 8:00-9:00a.m., to speak with a Registered Environmental Health Specialist.

Statesville Office

349 North Center Street
(2nd Floor-Building Standards)
Statesville, NC 28677-4063
Phone: (704)878-5305 ext. 3456
This office closes for lunch 1:00 - 2:00 daily.

Mooresville Office

610 East Center Avenue
(2nd Floor-Government Center South)
Mooresville, NC 28115-2548
Phone: (704)660-3625
This office closes for lunch 12-1:00 daily.