



BREAK

Appointment
Date/Time _____
EHS Jeff Link
Phone 704 216 8534

Subdivision
Name _____
Section/Phase _____
Lot # _____

Township Franklin
Map 334
Parcel 002
Permit _____

APPLICATION FOR SERVICES

FEE RECEIPT #
125.00 Eval Res 45578 cc
Eval NR 3-26-19
Repair _____
Layout _____
Layout NR _____

FEE RECEIPT #
10.00 IP/CA 45578 cc
3-26-19
Well Permit RAI
Exist System _____

FEE RECEIPT #
Bacteria _____
Chemical _____
Fluoride _____
Nitrate _____
Other _____

Mark Kraus 480 Hope Hills, Salisbury, NC 28147 704 213 8358
Applicant Address Phone

Steve _____
Owner Address Phone

PROPERTY INFORMATION: Lot Size _____ Date originally deeded & recorded _____

Address 365 Kepley Rd, Salisbury, NC 28147

Directions to property _____

DEVELOPMENT INFORMATION:

- New Single Family Residence
- Expansion of Existing System
- Repair to Malfunctioning Sewage Disposal System
- Non-Residential Type of Structure

RESIDENTIAL SPECIFICATIONS:

Max # of occupants/bedrooms: 11 / 4
If expansion: Current number of bedrooms: _____
Will there be a basement? yes no
Plumbing fixtures in Basement yes no

NON-RESIDENTIAL SPECIFICATIONS:

Type of business: _____ Total Square footage of Building: _____
Maximum number of employees: _____ Maximum number of seats: _____

WATER SUPPLY:

- New well
- Existing Well
- Community Well
- Public Water
- Spring

EXISTING SYSTEM:

Mobile Home _____ Addition to Residence _____ Total number of Bedrooms _____
Property Vacant? _____ How long? _____ Other _____
When was system installed? _____ In whose name? _____
Has system been repaired? _____ In whose name? _____ When? _____

WATER ANALYSIS:

Is well on property? _____ Number of homes well serves _____
Is well cut off below ground level? _____ Any septic systems or buried fuel tanks within 50' of well _____

If applying for Authorization to Construct : Please Indicate Desired System Type(s):
(systems can be ranked in order of your preference)

Conventional/Accepted Alternative Innovative Other _____ Any _____

The Applicant shall notify the local health department upon submittal of this application if any of the following apply to the property in question. If the answer to any question is "yes", applicant must attach supporting documentation.

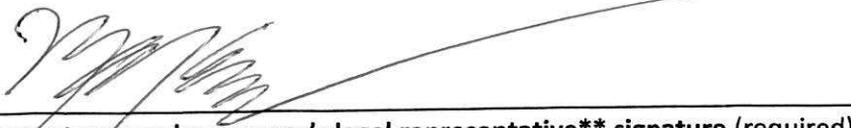
- yes no Does the site contain any jurisdictional wetlands?
- yes no Does the site contain any existing wastewater systems?
- yes no Is any wastewater going to be generated on the site other than domestic sewage?
- yes no Is the site subject to approval by any other public agency?
- yes no Are there any easements or right of ways on this property?
- yes no Are there any existing wells, springs, or existing waterlines on this property?
- yes no Are there any known underground contamination sources on this property?
- yes no Are there any current or pending restrictions regarding groundwater use for this property?
- yes no Are there any variances regarding well construction or location for this property?

COMMENTS: Pipeline easement

IF THE INFORMATION IN THE APPLICATION FOR AN IMPROVEMENTS PERMIT IS FALSIFIED, CHANGED, OR THE SITE IS ALTERED, THEN THE IMPROVEMENTS PERMIT AND AUTHORIZATION TO CONSTRUCT SHALL BECOME INVALID. The permit is valid for either 60 months or without expiration depending upon documentation submitted. (complete site plan = 60 months; complete plat = without expiration)

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.

FOR NEW WELL CONSTRUCTION - PROPERTY OWNER IS RESPONSIBLE FOR CONTACTING THE ASSIGNED ENVIRONMENTAL HEALTH SPECIALIST TO INFORM THEM THAT THE WELL HAS BEEN CHLORINATED, IS IN USE, AND IS READY FOR WATER SAMPLES TO BE TAKEN.

 3-26-2019
Property owner's or owner's legal representative** signature (required) Date

**Must provide documentation to support claim as owner's legal representative.



Construction Authorization

ROWAN COUNTY ENVIRONMENTAL HEALTH
402 NORTH MAIN STREET
SUITE 106
SALISBURY, NC 28144-4341
Phone: (704) 216-8525 Fax: (704) 216-7985

For Office Use Only

*CDP File Number **276351 - 1**
County ID Number: 334 002
Evaluated For: **NEW**

PERMIT VALID UNTIL: 05/31/2024

Applicant: Mark Kraus

Address: 480 Hope Hills Lane

City: Salisbury

State/Zip: NC 28147

Phone #: cell :(704) 213-8358

Property Owner: Mark Kraus

Address: 480 Hope Hills Lane

City: Salisbury

State/Zip: NC. 28147

Phone #: (704) 213-8358

Property Location & Site Information

Address/Road #: 365 Kepley Road Salisbury, NC 28147 Subdivision: _____ Phase: NEW Lot: _____

Structure: SINGLE FAMILY **Directions** 365 Kepley Road, Salisbury, NC 28147

of Bedrooms: 4

of People: 11

*Water Supply: NEW WELL

System Specifications

*Site Classification: Provisionally Suitable

Design Flow: 720

Soil Application Rate: 0.3000

*System Classification//Description:
TYPE III G. OTHER NON-CONV. TRENCH SYSTEMS

*Proposed System: 25% REDUCTION

Nitrification Field _____ Sq. ft.

No. Drain Lines _____

Total Trench Length: 600 ft.

Trench Spacing: - 9 Inches O.C.
 Feet O.C.

Trench Width: - 3 Inches
 Feet

Aggregate Depth: _____ inches

Minimum Trench Depth: 18 Inches

Minimum Soil Cover: 6 Inches

Maximum Trench Depth: 36 Inches

Maximum Soil Cover: 24 Inches

*Distribution Type: GRAVITY - SERIAL

Septic Tank: 1,500 Gallons

1-Piece: Yes No

Pump Required: Yes No May Be Required

Pump Tank: _____ Gallons

1-Piece: Yes No

GPM --vs-- _____ ft. TDH

Dosing Volume: _____ Gallons

Grease Trap: _____ Gallons

Pre-Treatment: NSF TS-I TS-II

Septic Tank Installer Grade Level Required: I II III IV

Repair System

*Site Classification: Provisionally Suitable

Design Flow: 720

Soil Application Rate: 0.300

*System Classification/Description:
TYPE III G. OTHER NON-CONV. TRENCH SYSTEMS

*Proposed System: 25% REDUCTION

Nitrification Field Sq. ft.

No. Drain Lines

Total Trench Length: 600 ft.

Trench Spacing: -- 9

Trench Width: -- 3

Aggregate Depth: Inches

Minimum Trench Depth: 18 Inches

Minimum Soil Cover: 6 Inches

Maximum Trench Depth: 36 Inches

Maximum Soil Cover: 24 Inches

*Distribution Type: GRAVITY - SERIAL

Pump Required: Yes No May Be Required

Pre-Treatment: NSF TS-I TS-II

Inches O.C.
 Feet O.C.
 Inches
 Feet

***Site Modifications**

No grading or construction activity is allowed in areas designated for system and repair without approval of Health Department.

***Permit Conditions**

The issuance of this permit by the Health Department in no way guarantees the issuance of other permits. The permit holder is responsible for checking with appropriate governing bodies in meeting their requirements.

This Authorization for Wastewater System Construction shall be valid for a period equal to the period of validity of the Improvement Permit and may be issued at the same time the Improvement Permit issued (NCGS 130A-336(b)). If the installation has not been completed during the period of validity of the Construction Permit, the information submitted in the application for a permit or Construction Authorization is found to have been incorrect, falsified or changed, or the site is altered, the permit or Construction Authorization shall become invalid, and may be suspended or revoked (.1937(g)). The person owning or controlling the system shall be responsible for assuring compliance with the laws, rules, and permit conditions regarding system location, installation, operation, maintenance, monitoring, reporting and repair (1938(b)).

Applicant/Legal Resps. Signature Required ? Yes No

Applicant/Legal Reps. Signature: _____ Date: _____

*Issued By: Link, Jeff Date of Issue: 05/31/2019

Authorized State Agent:  Malfunction Log Yes

Hand Drawing

Import Drawing

Total Time:(HH:MM)

****Site Plan/Drawing attached.****

Applicant: Mark Kraus

Address: 480 Hope Hills Lane

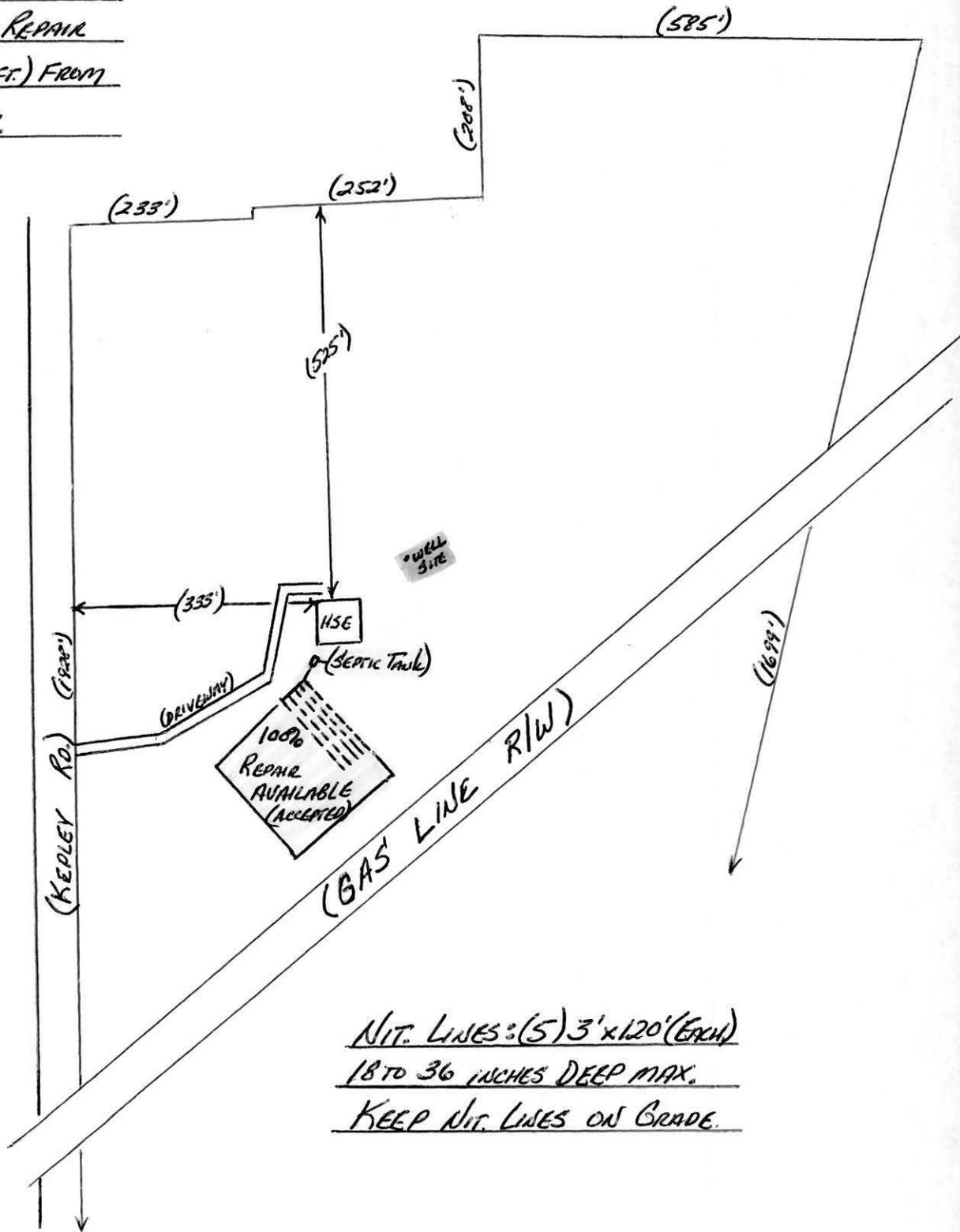
City: Salisbury

Property Owner: Mark Kraus

Address: 480 Hope Hills Lane

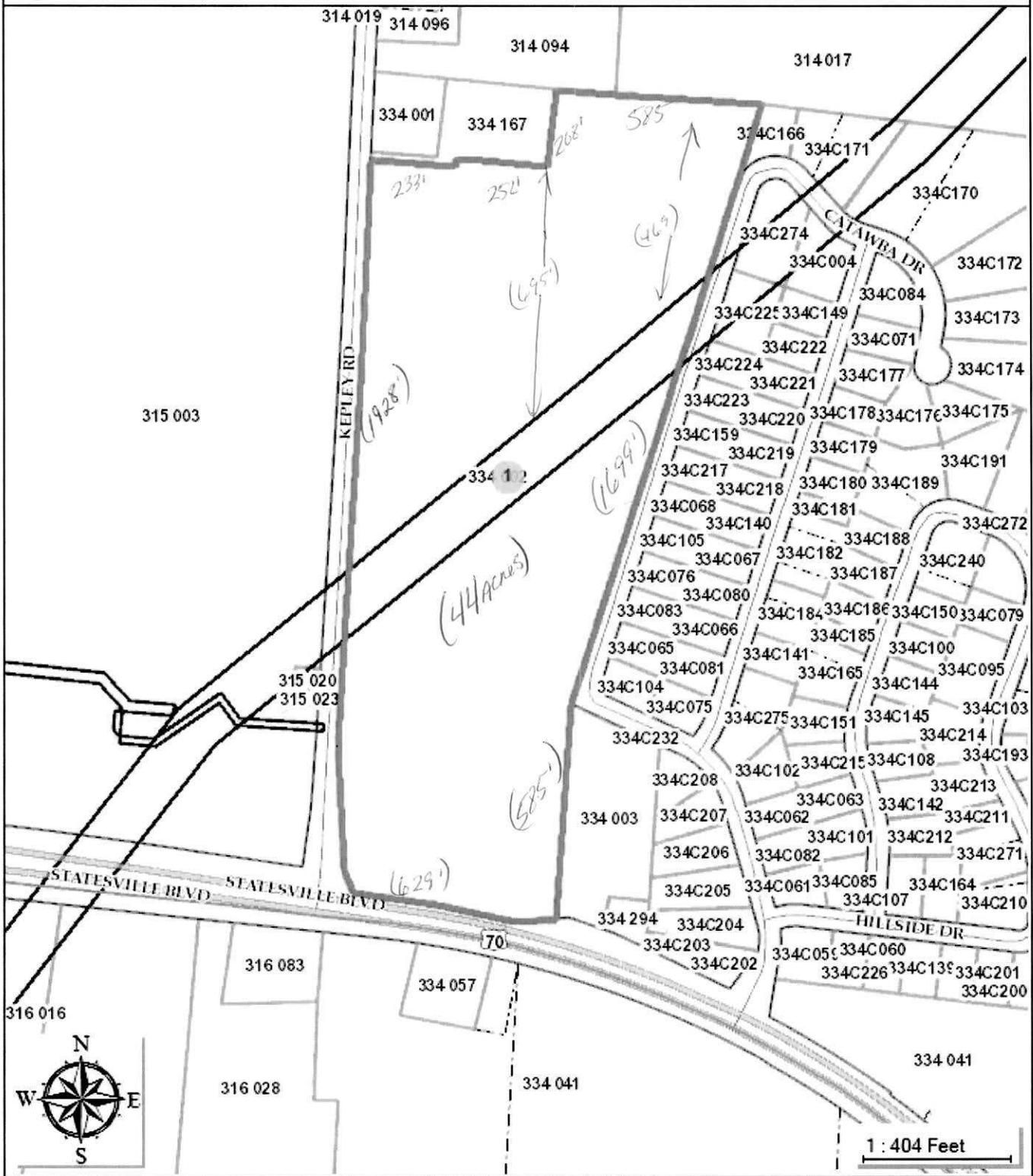
City: Salisbury

* KEEP WELL (100 FT.) AWAY
FROM SEPTIC & REPAIR
AREAS. ALSO, (25 FT.) FROM
ALL STRUCTURES.





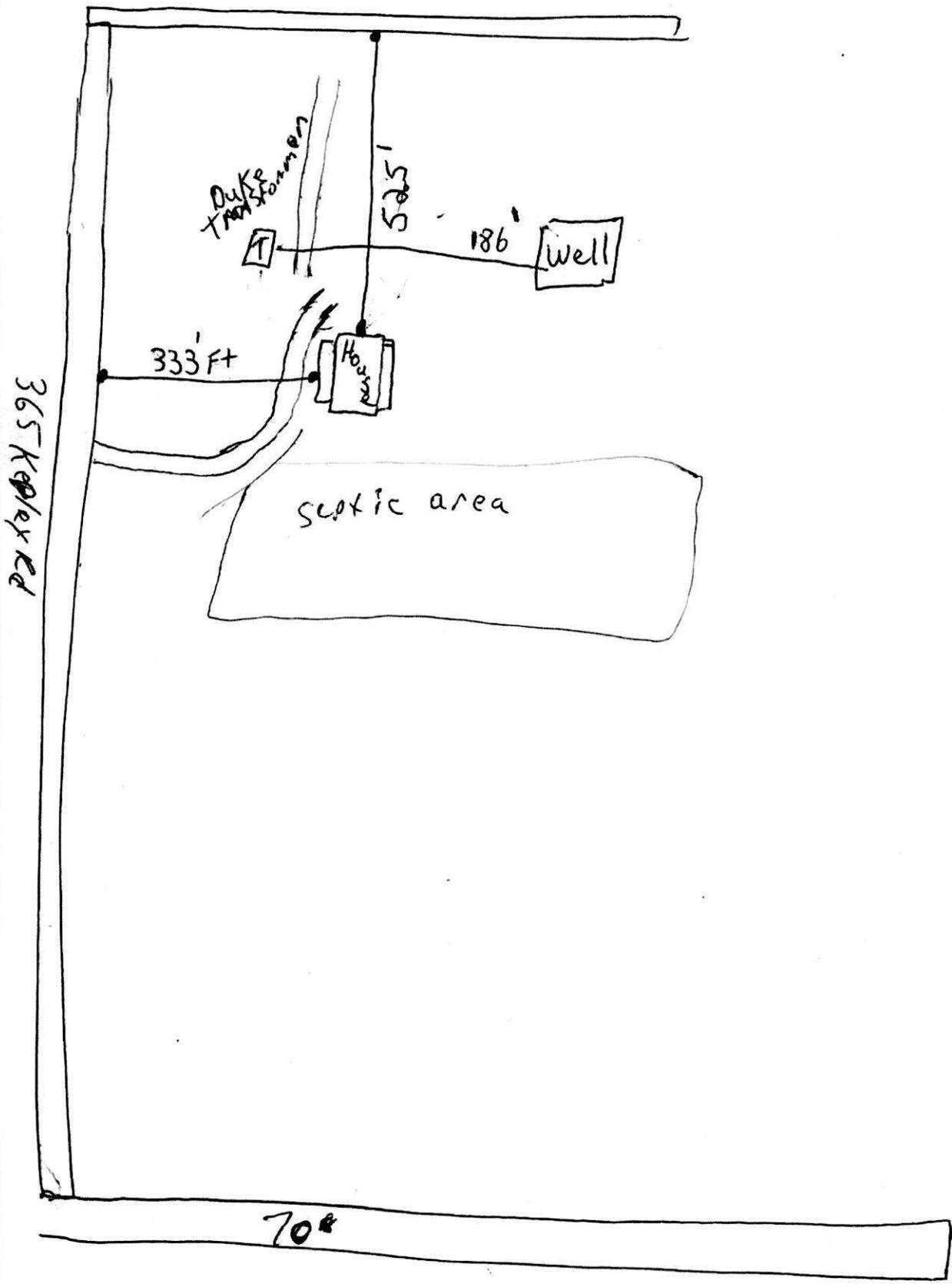
Rowan2
Printed May 31, 2019
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1111 R and WINDY ROAD





Rowan County Planning & Development Department

402 North Main Street, Suite 204, Salisbury, NC 28144

Phone: (704) 216-8588 Fax: (704) 638-3130

<http://www.rowancountync.gov>

ZONING PERMIT

Plan Case # ZP-012369-2019	Parcel ID 334 002	Project	Application Date 03/26/2019
Proposed Use Single Family Dwelling	Previous Use Vacant	Sq. Ft. 2,560	Physical Address 365 KEPLEY Rd SALISBURY, NC 28147

Applicant Mark Kraus	Address 480 Hope Hill Rd Salisbury, NC 28147	Phone 704-213-8358
Owner Mark Kraus	Address 480 Hope Hill Rd Salisbury, NC 28147	Phone 704-213-8358
Contractor Mark Kraus	Address 480 Hope Hill Rd Salisbury, NC 28147	Phone 704-213-8358

Principle Structure Setbacks
Front 30 Side 10
Side Street 20 Rear 10

Accessory Structure Setbacks
Front Side
Side Street Rear

Issued by:
Becky Bost

Updated by & Date:

Zoning District CBI	Overlay District Water Supply Watershed	Flood Zone X	FIRM Panel 3710572200
Lot Size 37.78	Subdivision	Water Supply Indiv Well	Sewage Disposal Septic System

Additional Requirements / Comments:
2560 SQ. FT. SINGLE FAMILY DWELLING

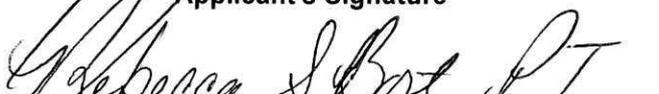
I hereby certify that I am aware of and will comply with the conditions indicated on this permit, the approved site plan (if any), and applicable provisions of the Zoning Ordinance. Structures or land authorized by this permit will only be used or occupied in compliance with permit conditions. Furthermore, I understand that any changes made to this project may require additional approvals and that a building permit may also be necessary for project approval. This permit remains valid if the work authorized by the permit commences within one (1) year of the issuance date and all other required permits are obtained.



Applicant's Signature

3-26-2019

Date



Authorized Zoning Signature

3-26-19

Date



Well Construction Permit

ROWAN COUNTY ENVIRONMENTAL HEALTH
402 NORTH MAIN STREET
SUITE 106
SALISBURY NC, 28144-4341
Phone: (704) 216-8525 Fax: (704) 216-7985

For Office Use Only

*CDP File Number 276351
PIN Number: 334 002
Tax Lot #: _____ Tax Block #: _____
Evaluated For: SINGLE FAMILY \ WELL

Property Owner: Mark Kraus
Address: 480 Hope Hill Lane
City: Salisbury
State/Zip: NC / 28147
Phone #: C: (704) 213-8358

Applicant: Mark Kraus
Address: 480 Hope Hill Lane
City: Salisbury
State/Zip: NC / 28147
Phone #: C: (704) 213-8358

Property Location & Site Information

Address/Road #: 365 Kempley Road Subdivision: _____ Phase: _____ Lot: _____
Salisbury NC, 28147 *Proposed use of Well: SINGLE FAMILY

Directions If Other: _____
365 Kempley Road, Salisbury, NC 28147

Well Contractor Information

Drilling Contractor: _____ Driller Registration: _____

Permit Conditions

*Permit Conditions
MEET ALL WELL RULES AND SETBACKS. STAY OFF ALL EASEMENTS AND RW'S

Well location, construction and protection must meet all state and local regulations and must be inspected and approved by an authorized representative of the Local Health Department. The permit may be revoked at any time for failure to comply with existing regulations. The siting of approved well construction area(s) by the Health Department is to provide protection from the known possible sources of contamination. The approved well area(s) may not be changed without permission from an authorized representative of the Local Health Department. No volume of quality of water is guaranteed by the Health Department.

*Issued By: 
Link, Jeff

*Date of Issue: 06/20/2019

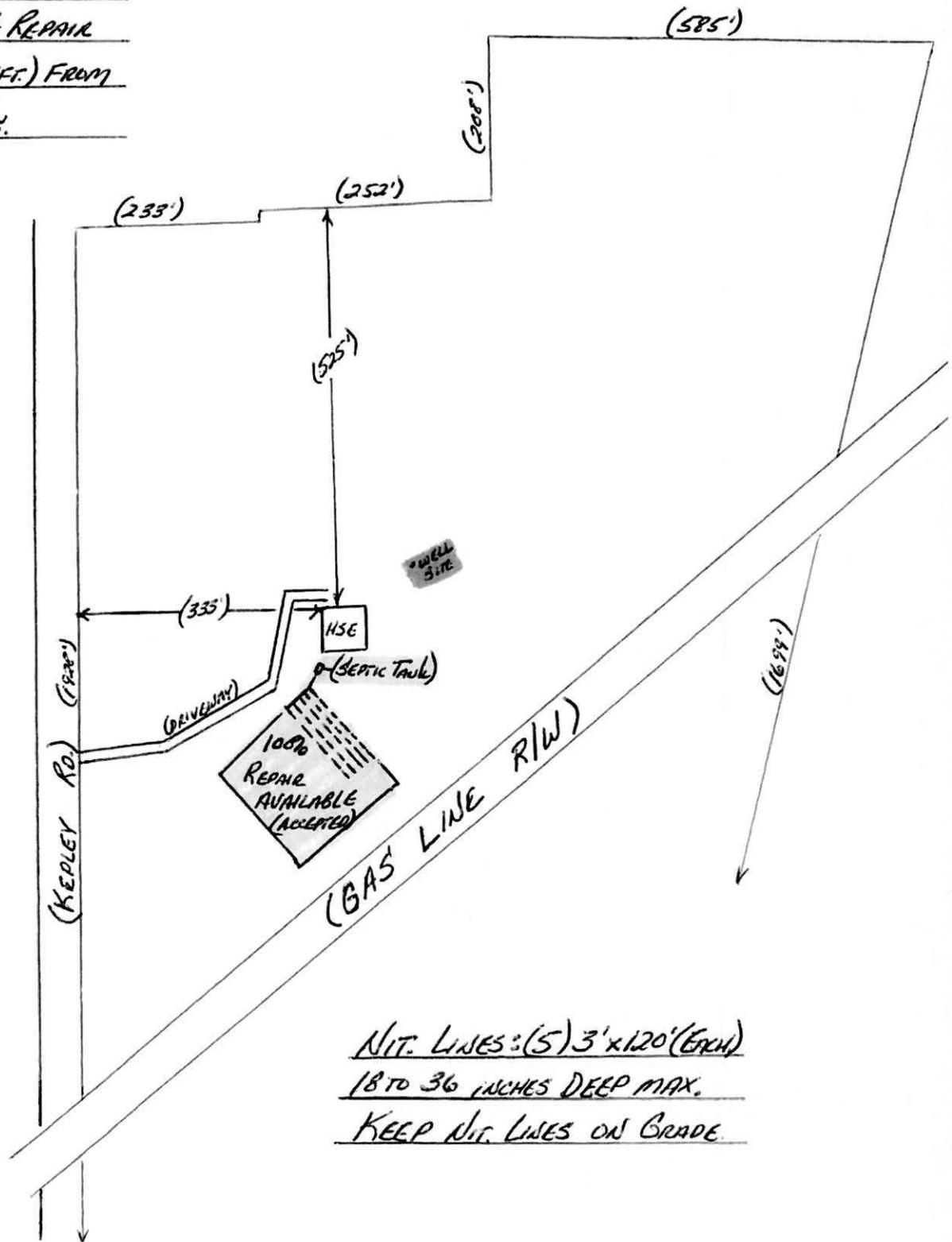
Hand Drawing Import Drawing

****Site Plan/Drawing attached.****

Authorized State Agent: _____

Owner/Applicant: _____

* KEEP WELL (100 FT.) AWAY
FROM SEPTIC & REPAIR
AREAS. ALSO, (25 FT.) FROM
ALL STRUCTURES.



NIT. LINES: (5) 3' x 120' (EACH)
18 TO 36 INCHES DEEP MAX.
KEEP NIT. LINES ON GRADE.



Well Construction Permit

ROWAN COUNTY ENVIRONMENTAL HEALTH
402 NORTH MAIN STREET
SUITE 106
SALISBURY NC, 28144-4341
Phone: (704) 216-8525 Fax: (704) 216-7985

For Office Use Only

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Tax Lot #: _____ Tax Block #: _____

Evaluated For: SINGLE FAMILY \ WELL

Property Owner: Mark Kraus

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Phone #: C: (704) 213-8358

Applicant: Mark Kraus

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Phone #: C: (704) 213-8358

Property Location & Site Information

Address/Road #: _____ Subdivision: _____ Phase: _____ Lot: _____

365 Kepley Road
Salisbury NC, 28147

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Directions

If Other: _____

365 Kepley Road, Salisbury, NC 28147

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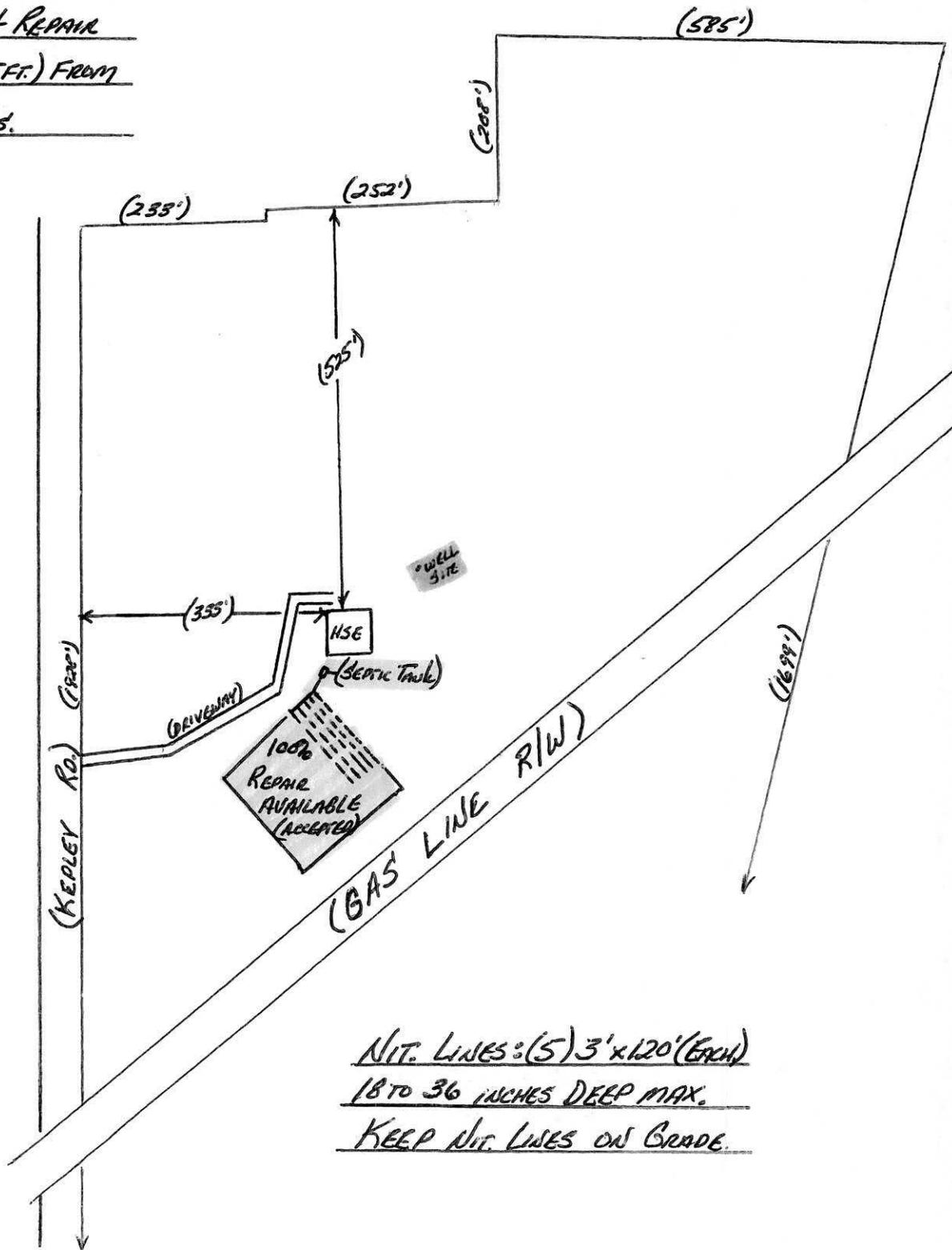
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ROWAN COUNTY ENVIRONMENTAL HEALTH

CDP # 276351

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 EHS Jeff Hanks
 Phone 704 216 8534

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Township Franklin
 Map 334
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APPLICATION FOR SERVICES

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<u>125.00</u> Eval Res	<u>45578</u> <u>1/11/19</u>
Eval NR	<u>3-26-19</u>
Repair	_____
Layout	_____
Layout NR	_____

FEE	RECEIPT #
<u>100.00</u> IP/CA	<u>45578</u> <u>2/20/19</u>
<u>225</u> Well Permit	<u>45578</u> <u>3/26/19</u>
Exist System	_____

FEE	RECEIPT #
_____ Bacteria	_____
_____ Chemical	_____
_____ Fluoride	_____
_____ Nitrate	_____
_____ Other	_____

Mark Krous 480 Hope Hill Ln, Salisbury, NC 28147 704 213 8358
 Applicant Address Phone

Same _____
 Owner Address Phone

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Well permit to ↓
Email @ Mark and charity@gmail.com

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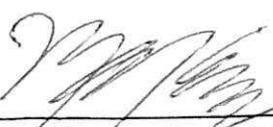
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Property owner's or owner's legal representative** signature (required)

3-26-2019
Date

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