215369

IREDELL COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

PAGE 1: *APPLICATION FORM*

Application For: ( ) New Well Permit ( ) Well Repair Permit ( ) Well Abandonment
(X) Septic Improvement Permit ( ) Authorization to Construct ( ) Existing System Inspection ( ) Septic System Repair

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.

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 an (X) beside whichever is submitted if applicable ( ) Custom Site Plan, scaled no more than 1 inch = 60 feet

Applicant Information:

28678

Applicant Name: Mark Collins Address: 415 New Sterling Rd Stony Point N.C. Phone: 704-902-3816

Owner Name: Mark Collins Address: SAME Tracy Cell Phone: 704-268-2471

2471

Property Information:

Street Address: 128 Old Lion Rd

Subdivision Name: _____ Section/Phase: _____ Lot Number: _____

Driving Directions: I-40 W To SHaron School Rd. Turn Right Go APProximatley one an Half Mile To IsLand Ford Rd. Turn Left Go Approximatley Half Mile To Old Lion Rd. on Right Go One tenth of a mile Lot on Right.

Site Development Information: *(check or complete ALL that apply)*

(X) New Single Family Residence
( ) New Multi-Family Residence
( ) Accessory Building
( ) Bedroom(s) Addition

Maximum Number of Bedrooms: 3
Maximum Number of Occupants: 4
( ) Swimming Pool
( ) Other Addition/Structure: _____

( ) Crawl Space Foundation
( ) Concrete Slab Foundation
( ) Basement with Plumbing
( ) Basement without Plumbing

Non-Residential Site Development:

Type of Business: _____
Square Footage of Building: _____
Maximum Number of Employee: _____
Maximum Number of Seats/Beds/Other: _____

redraw

Water Supply:

(X) New Well ( ) Existing Well ( ) Community Well ( ) City Water ( ) Other Public Water

Desired Septic System Type: *(you may rank in order of preference)* Year existing system installed: _____

( ) No Preference ( ) Alternative (X) Conventional ( ) Innovative ( ) Modified Conventional ( ) Other: _____

Please answer the following to the best of your ability:

( ) Yes (X) No Does the site contain any jurisdictional wetlands?
( ) Yes (X) No Is any non-domestic sewage (i.e. industrial) to be generated?
( ) Yes (X) 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.

Signature: Mark Lewis Collins
Property owner or owner's legal representative signature (SIGNATURE REQUIRED)

12-9-15
DATE

IREDELL COUNTY DEPARTMENT OF ENVIRONMENTAL HEALTH

DOCUMENTATION TO AUTHORIZE AN OWNER'S LEGAL REPRESENTATIVE

Applications for permits require the "signature of the owner or owner's legal representative" (15A NCAC 18A .1937). If the owner does not sign the application himself or herself, they can submit any one of the following documents to designate their legal representative:

Power of Attorney; Real Estate Contract; Estate executor; Bankruptcy trustee; Court ordered guardianship

In the absence of the above documentation, the property owner may provide the local health department with documentation that designates a legal representative. A property owner may:

Complete this form to document his or her legal representative, or provide his or her own form that contains the information in this form.

If there are multiple property owners, then all property owners must sign the form that designates a legal representative.

By signing a form that designates a legal representative for purposes of 15A NCAC 18A .1937, the property owner authorizes that representative to act on their behalf in matters pertaining to the application and permitting process, including signing or receiving any application, document or permit. The owner retains full responsibility to meet all permit conditions specified by the local health department.

I, Mark Collins, am the legal owner(s) of the property located at 128 Old Linn Rd, identified as PIN (Parcel Identification Number) 3784429508, located in Iredell County, North Carolina.

* I do hereby authorize (**print legal representative/company name**) Freedom Homes of Troutman, to act as an agent on my behalf in applying for/signing/obtaining any of the documents described below.

- Application for Improvement Permit (IP) / Authorization to Construct (AC)
- Improvement Permit (IP) / Authorization to Construct (AC)
- Application for soil-site evaluation (new/repair)
- Application/permit for private drinking water well/well abandonment
- Application for Compliance Inspection

I agree to abide by all decisions and/or conditions between the legal representative acting on my behalf and the Iredell County Department of Public Health, Environmental Health Division.

* Mark Collins 2/2/16

Signature of Owner(s) Date Signature of Witness Date

Please return this signed form to the appropriate office:

Mooresville - Environmental Health
ronda.hart@co.iredell.nc.us
Fax: 704-662-3239
610 E. Center Avenue, Mooresville, NC 28115

Statesville - Environmental Health
adrienne.shea@co.iredell.nc.us
Fax: 704-871-3483
349 N. Center Street, Statesville, NC 28677

Feb. 4. 2016 11:37AM No. 0331 P. 5

IREDELL COUNTY HEALTH DEPARTMENT
JANE MURRAY, RN BSN MS
HEALTH DIRECTOR

Public Health
Prevent. Promote. Protect.
Iredell County Health Department

Voluntary Relinquishment of Administrative Appeal Rights
(Completion of Form by Property Owner)

2/2/16 (Date)

Owner: Mark Collins
Address: 128 Old Lion Rd
Statesville NC 28625

Subject: Voluntary Relinquishment of Administrative Appeal Rights

(specify Permit ID/owner's name/property location/site legal description):
128 Old Lion Rd #173951
Statesville NC 28625

I, Mark Collins, voluntarily relinquish my rights to pursue a formal appeal through the Office of
(print full name)

Administrative Hearings pursuant to NC General Statute 130A-24 and 150B-23 and all other applicable provisions of Chapter 150B for the above referenced permit in order for the authorized agent/local health department to issue the applicable permit (new IP and/or CA) for the site. I understand by completing this form the previous permit issued on 7/25/12 for a system
(date)
25% reduction
(system name)

for the site will be "revoked" immediately by the authorized agent/local health department.

* _____
Signature of Property Owner

Central Office
318 Turnersburg Hwy
Statesville, NC 28625
704 878-5300

Mooresville Office
610 E. Center Avenue
Mooresville, NC 28115
704 664-5281

Environmental Health
349 N. Center Street
Statesville, NC 28677
704 878-5358

http://www.co.iredell.nc.us/Departments/Health/

IREDELL COUNTY HEALTH DEPARTMENT - *ENVIRONMENTAL HEALTH* ☑ STATESVILLE OFFICE 704-878-5305 ☐ MOORESVILLE OFFICE 704-664-5281

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

PERMIT # 173951 PIN # 3784429508 DATE 7-25-12

OWNER Mary D Devoct Trust Hooks APPLICANT: Mark Collins PHONE: Home/Cell # 704-902-3816 Business # N/A

SITE ADDRESS 128 Old Lion Rd. Statesville OWNER / APPLICANT ADDRESS 415 New Sterling Rd. Stony Point NC

SITE DIRECTIONS Sharon School Rd TL on Island Ford Rd TR on Old Lion Rd.

SUBDIVISION N/A BLOCK / SECTION N/A LOT # N/A LOT AREA 1.39 acres DESIGN FLOW 360gpd L.T.A.R. 0.25

Septic Tank 1000 Gallons: STB ____ Date ____ ☑ New System ☐ Repair ☐ Expansion System Type I II (III) IV V VI

Pump Tank ____ Gallons: P T ____ Date ____ System Description: 25% Reduction

Pump Make ____ Model ____ Serial # ____ Repair System Description: 50% Reduction

No. Nitrification Fields: 1 No. Lines 3 Linear Feet 360 Maintenance Agreement Required ☐ YES ☑ NO

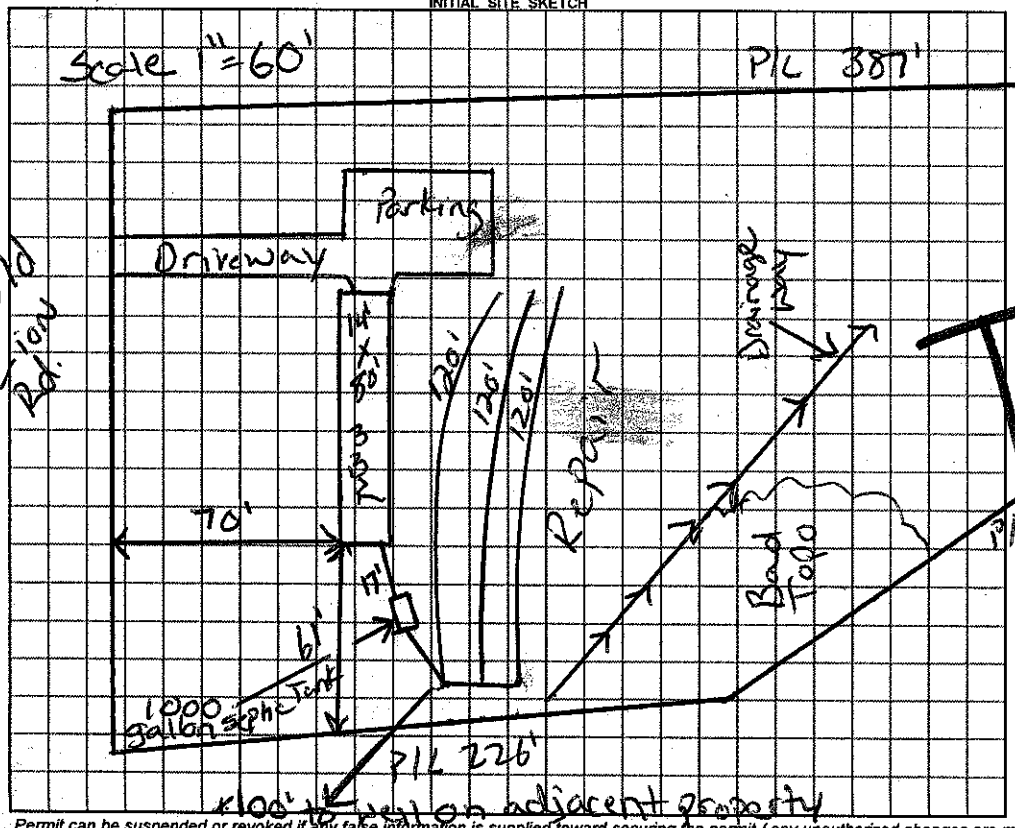
Trench Width 36" Max. Trench Bottom Depth 36" Gravel Depth N/A ☑ GRAVITY ☐ PRESSURE

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

Water Supply: ☑ Private ☐ Public ☐ Community

Comments / Conditions: Install a 25% Reduction system on contour with serial distribution. Septic area is +100' to well on adjacent property.

INITIAL SITE SKETCH



AS BUILT SKETCH

REVOKED

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 ~~plat valid without expiration.~~ site plan valid 60 mo. ☑ ***AUTHORIZATION TO CONSTRUCT*** valid for period equal to IMPROVEMENT PERMIT--not to exceed 60 mo.

Owner / Applicant Signature: Mark Collins Date 7-26-12 Installed by: ____

IMPROVEMENT PERMIT by: Justin Henderson ***REHS*** Date 7-25-12 OPERATION PERMIT by: ____ ***REHS*** Date ____

AUTHORIZATION TO CONSTRUCT by: Justin Henderson ***REHS*** Date 7-25-12 Existing System Inspected by: ____ ***REHS*** Date ____

YOU SHOULD CONTACT A LOCATOR SERVICE PRIOR TO ANY EXCAVATION

White Copy – Environmental Health YELLOW COPY (Final) Owner / Applicant PINK COPY (Initial) Owner / Applicant

IREDELL COUNTY HEALTH DEPARTMENT

JANE MURRAY, RN BSN MS
HEALTH DIRECTOR

Public Health
Prevent. Promote. Protect.
Iredell County Health Department

Notice of Intent to SUSPEND/REVOKE Improvement Permit/Construction Authorization

2-2-16 (Date)

Owner: Mark Collins
Address: 415 New Sterling Rd.

Subject: Notice of Intent to Revoke/Suspend Mark Collins, 128 Old Lion Rd
(**specify name/location**) Improvement Permit/Construction Authorization

Dear Mark Collins:
(Owner's Name)

The Iredell County Health Department (ICHD) inspected the site for the on-site wastewater system located at 128 Old Lion Rd. (physical address) for compliance with the Laws (Article 11 of Chapter 130A of the North Carolina General Statutes), Rules (15A NCAC 18A .1900 et seq.), and Improvement Permit/Construction Authorization _____ (specify type and number) conditions. As a result of this inspection, the Department has determined the following violations:

Violation	Law or Rule Citation
- Increased Proposed Building Envelope size, which encroached on Permitted Septic area.	

[Example #1 - 18 inches of soil removed from site in violation of NCGS 130A-335(f), Rule .1937(g), Rule .1943, Rule .1947(c), and IP Condition No. 2.]
[Example #2 - Nitrification trenches installed at a depth of 30 inches in violation of Rule .1955 (m) and CA Condition No. 2.]

This is to notify you that based on these violations, the Department intends to suspend/revoke (specify) your Improvement Permit/Construction Authorization (specify) 30 days from the date of this notice.

If the ICHD determines that all of the violations have been corrected before thirty (30) days expire, the suspension/revocation (specify) will not go into effect. *[Insert for suspension]* If the permit is suspended, the health department must determine that the violations have been corrected before the suspension will be lifted. *[Insert for revocation]* If the permit is revoked, you must apply for a new Improvement Permit/Construction Authorization and meet the requirements of the current laws and rules necessary to obtain a new IP/CA.

You have a right to an informal review of this decision. You may request an informal review by the environmental health supervisor at the local health department. You may also request an informal review by the NC Department of Health and Human Services Regional Soil Scientist. A request for informal review must be made in writing to the local health department.

You also have a right to a formal appeal of this decision. To pursue a formal appeal, you must file a petition for a contested case hearing with the Office of Administrative Hearings, 6714 Mail Service Center, Raleigh, NC 27699-6714. You may write the Office of Administrative Hearings, call the office at (919) 431-3000 or get a copy of the petition form from the OAH web site at http://www.ncoah.com/forms.html . The petition for a contested case hearing must be filed in accordance with the provision of North Carolina General Statutes 130A-24 and 150B-23 and all other applicable provisions of Chapter 150B. North Carolina General Statute 130A-335 (g) provides that your hearing would be held in the county where your property is located.

If you wish to pursue a formal appeal, you must file the petition form with the Office of Administrative Hearings **WITHIN 30 DAYS OF THE DATE OF THIS LETTER.** The date of this letter is 2-2-16. Meeting the 30 day deadline is critical to your formal appeal.

If you file a petition for a contested case hearing with the Office of Administrative Hearings, you are required by law (NC General Statute 150B-23) to serve a copy of your petition on the Office of General Counsel, NC Department of Health and Human Services, 2001 Mail Service Center, Raleigh, NC 27699-2001.

Do not serve the petition on your local health department. Sending a copy of your petition to the local health department will not satisfy the legal requirement in NC General Statute 150B-23 that you send a copy to the Office of General Counsel, 2001 Mail Service Center, NC Department of Health and Human Services.

You may contact our office at 704-878-5305 x3456 or by fax at 704-871-3483.

Sincerely,

Justin Henderson

Signature of DHHS Authorized Agent

IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 · Mooresville Office (704) 660-3825 PERMIT # 215369

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

PIN # 3784429508

APPLICANT: Mark Collins APPLICANT ADDRESS: 415 New Sterling Rd

SITE ADDRESS: 128 Old Lion Rd PHONE: 704-902-3316 ALT. PHONE: N/A

SITE DIRECTIONS: I-40 W to Sharon School Rd TL Island Ford Rd TR Old Lion Rd.

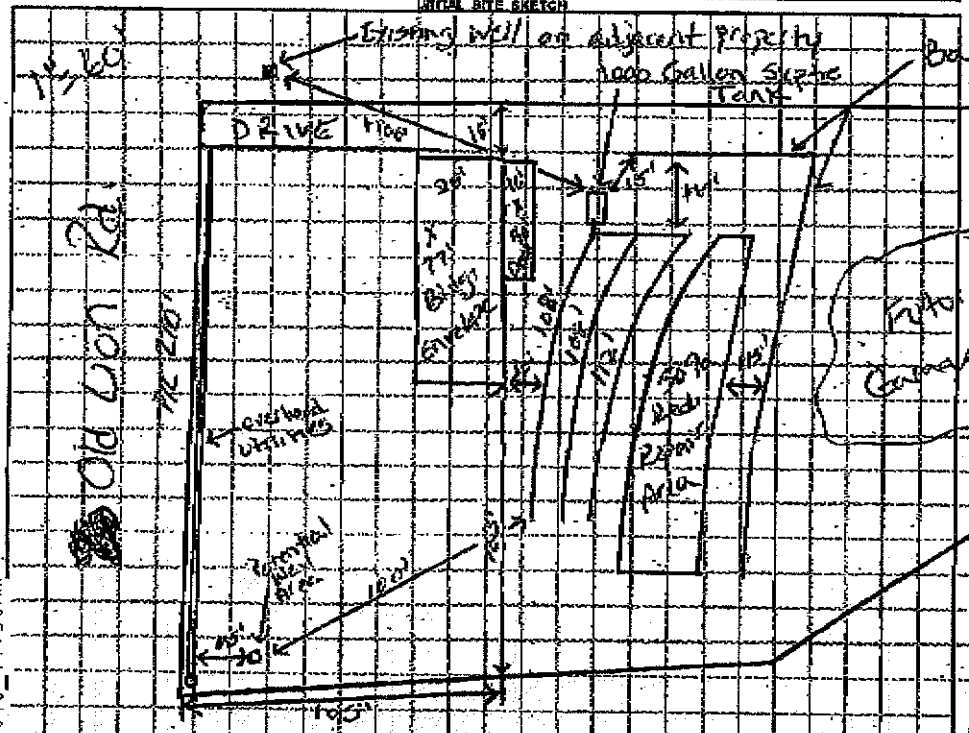
SUBDIVISION: N/A SECTION: N/A LOT # N/A LOT AREA: 1.55 acres DESIGN FLOW: 360gpd L.T.A.R.: 0.275

Septic Tank	1000 (gal)	STB	Date	☑ New System ☐ Repair ☐ Expansion	System Type: I II (III) IV V VI	☑ Residence	No. Bedrooms 3
Pump Tank	(gal)	PT	Date	System Description:	25% Reduction	☐ Business	No. Persons 6
Pump Make	Model		Serial #	Repair System Description:	50% Reduction	☐ Other	No. Employees
# Nitrification Fields	1 # Lines 3		Linear Ft: 324'	Maintenance Agreement Required:	☐ YES ☑ NO	☐ Slab	☑ Crawl Space
Trench Width	36" Max. Trench Bottom Depth	27" maybe	Gravel Depth N/A		☑ GRAVITY ☐ PRESSURE	☐ Basement w/ plumbing	☐ Basement w/o plumbing

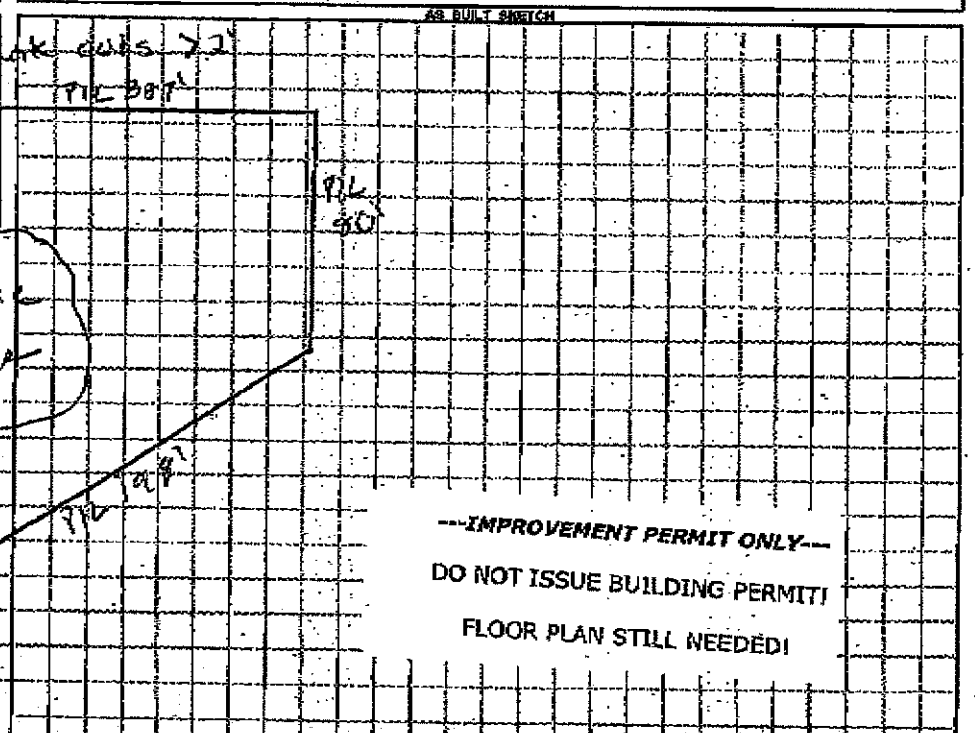
Water Supply: ☑ Private ☐ Public ☐ Community

Comments / Conditions: IMPROVEMENTS ONLY! Submit floor plan prior to issuance of CA. Install a 25% Reduction system on contour with gravel distribution.

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. CONTACT A LOCATOR SERVICE PRIOR TO ANY EXCAVATION

☐ IMPROVEMENT PERMIT with plat valid without expiration. ☑ IMPROVEMENT PERMIT with site plan valid for 60 mos. ☐ AUTHORIZATION TO CONSTRUCT valid for period equal to IMPROVEMENT PERMIT--not to exceed 60 mos.

Owner / Applicant Signature: Mark Collins Date: 2-3-16 Installed by:

IMPROVEMENT PERMIT by: Justin Hendrix Date: 2-2-16 OPERATION PERMIT by: Date:

AUTHORIZATION TO CONSTRUCT by: Date: Existing System Inspected by: Date:

Health Dept. Copy - WHITE Applicant (Final Approval) - YELLOW Applicant (Conditional Approval) - PINK

Feb. 4. 2016 11:38AM No. 0331 P. 6 05/05