ICHD - ENVIRONMENTAL HEALTH DIVISION

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # AP 324581

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

PIN # 3796 -- 95 -- 5292

APPLICANT/OWNER: Donald Leach APPLICANT ADDRESS: 166 Cherry Blossom LN Stony Point

SITE ADDRESS: 166 Cherry Blossom LN Stony Point NC 28678 PHONE: 704-450-5891 ALT. PHONE 704-880-3415

SITE DIRECTIONS: Hwy 64 L on Lockey Farm R on Cherry Blossom SAP CONTROLLED: ☐ YES ☒ NO

SUBDIVISION: Richmont Hills SECTION: — LOT # 16 LOT AREA: 2.82 Acre DESIGN FLOW: Ex L.T.A.R.: Ex

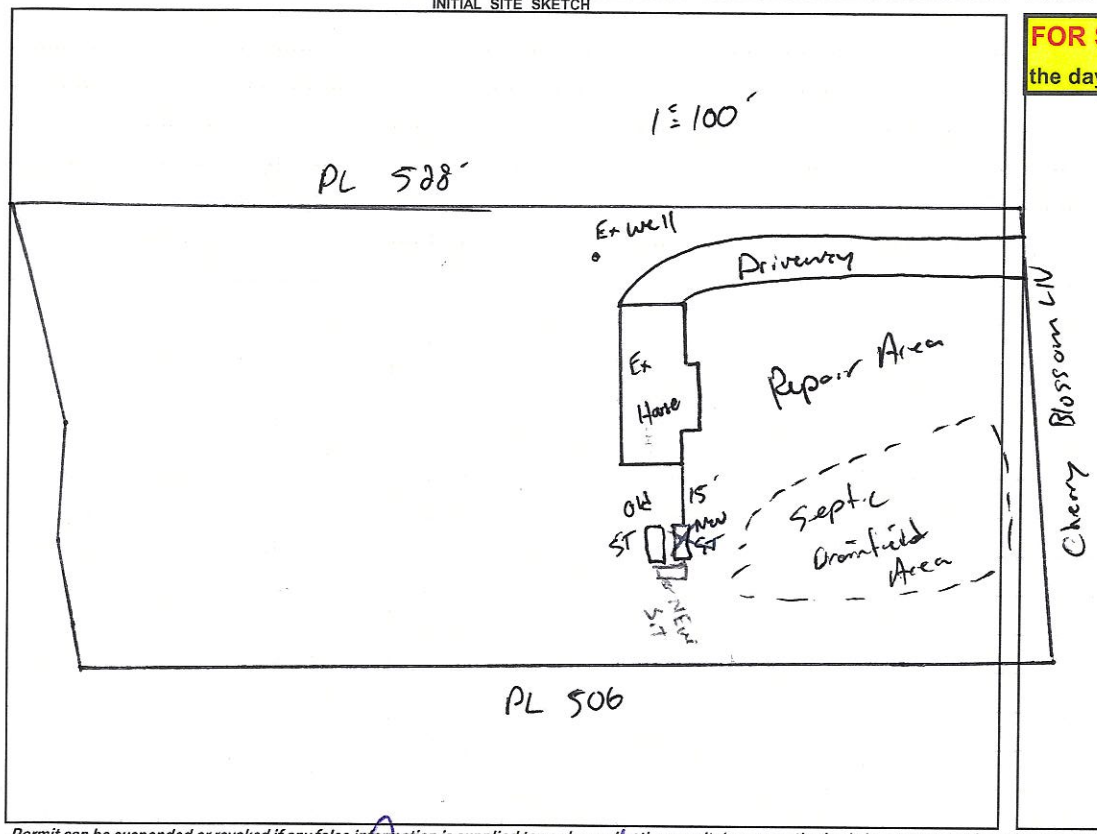
Septic Tank	1000 (gal)	STB	160	Date	11-12-2021	☐ New System ☒ Repair ☐ Expansion	System Type: I (II) III IV V VI
Pump Tank	(gal)	PT		Date		System Description:	
Pump Make	F	Model	S	Serial #		Repair System Description: Tank	
# Nitrification Fields	— X # Lines	S		Linear Ft		Maintenance Agreement Required: ☒ YES ☐ NO	
Trench Width		Trench Bottom Depth(Low side)		Gravel Depth		☐ GRAVITY ☐ PRESSURE	

☒ Residence No. Bedrooms Ex
☐ Business No. Persons Ex
☐ Other No. Employees
☐ Slab ☐ Crawl Space
☒ Basement w/plumbing ☐ Basement w/o plumbing

Water Supply
☒ Private
☐ Public
☐ Community

Comments / Conditions: Pump Crush & fill old Septic tank, Inspect D Box & Replace if needed.

INITIAL SITE SKETCH



AS BUILT SKETCH

FOR SEPTIC FINAL INSPECTION CALL: 704-664-3703 between 8am-9am the day the inspection is needed. Be sure to speak with an inspector to confirm your time.

INSTALLED AS SHOWN

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 mo.*

Owner / Applicant Signature: Date: 1-21-22 Installed by: BROYHILL ENVIRONMENTAL

IMPROVEMENT PERMIT by: Date: 1-20-22 OPERATION PERMIT by: Brent C. White Date: 1-27-2022

AUTHORIZATION TO CONSTRUCT by: Date: 1-20-22 Existing System Inspected by: Date:

FOR SEPTIC FINAL INSPECTION: CALL 704-664-3703 between 8am-9am the day the inspection is needed.

RECEIVED JAN 11 2022

AP- 324581

Iredell County Health Department – Environmental Health Division

PAGE 1: *APPLICATION FORM*

Repair Evaluation - No chg

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

Applicant Name: DONALD G. LERCH Address: 166 CHERRY BLOSSOM LN Zip: 28678
Applicant Email: dglerch@gmail.com Phone: 704-450-5891 Alt. Phone: 704-880-3415
Owner Name: DONALD G LERCH Address: 166 CHERRY BLOSSOM LN Zip: 28678
Owner Email: dglerch@gmail.com Phone: 704-450-5891 Alt. Phone: 704-880-3415

Property Information:

Street Address: 166 CHERRY BLOSSOM LN. STONY POINT, NC 28678
Subdivision Name: RICHMOUNT HILLS Section/Phase: _____ Lot Number: _____
Driving Directions: _____

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

( ) New Single Family Residence
( ) New Multi-Family Residence
( ) Accessory Building
( ) Bedroom(s) Addition
(X) Repair to failing septic system X Tank ___ Drain lines Describe Problem: TANK IS CRACKED.
Maximum Number of Bedrooms: 3
Maximum Number of Occupants: 3
( ) Swimming Pool
( ) Other Addition/Structure: _____
Non-Residential Site Development: Type of Business: _____
Square Footage of Building: _____ Max. Number of Employees: _____ Max. Number of Seats/Beds/Other: _____

CHECK FOUNDATION TYPE

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

Water Supply: ( ) Replacement Well – Reason: _____
( ) Multi-connection Well Number of Houses: _____ Number of Persons: _____
( ) 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: 1993
( ) No Preference ( ) Alternative (✓) 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: Donald G. Lerch
Property owner or owner's legal representative signature (SIGNATURE REQUIRED)

1/10/21
DATE

DOCUMENTATION TO AUTHORIZE AN OWNER'S LEGAL REPRESENTATIVE

(Check and sign only ONE of the options below)

1. *** APPLICANT AND OWNER ARE THE SAME. *** (*Sign here*) Donald D. Lerch

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.

2. I, DONALD G. LERCH, am the legal owner(s) of the property located at 146 CHERRY BLOSSOM LN. STONY POINT, 28678 identified as PIN (Parcel Identification Number) _____, located in Iredell County, North Carolina.

I do hereby authorize (**print legal representative/company name**) BROYHILL ENVIRO., _____, 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.

Donald D. Lerch
Signature of Owner(s)

1/10/21
Date

Mooresville - Environmental Health

Fax: 704-662-3239

Statesville - Environmental Health

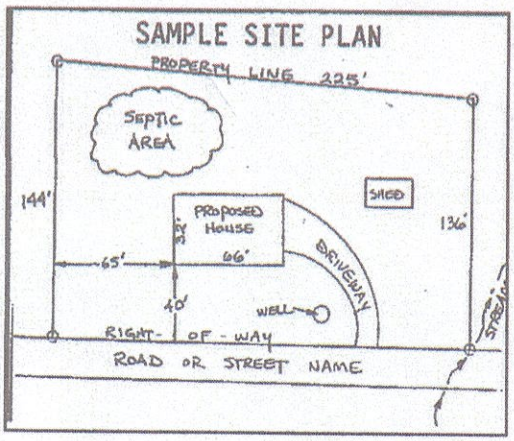
Fax: 704-871-3483

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**
- ( ) **Front and side setbacks from property line**
- ( ) **Preferred driveway location and 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

Show: proposed house or business footprint, wells, water lines, patios, pools and decks, and any other item that will occupy space on the site

ALREADY ON FILE WITH COUNTY

Signature: Donald S. Leach 1/10/21

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

48773

IREDELL COUNTY HEALTH DEPARTMENT

STATESVILLE 704-878-5305 ~~Coddle Locate~~ MOORESVILLE 704-664-5281

IMPROVEMENT PERMIT / CERTIFICATE OF COMPLETION / OPERATION PERMIT / EXISTING SYSTEM INSPECTION

TAX MAP NO. ~~8F-2-A-16~~ (~~map/tax~~ incorrect) 9D-1-A-37

PROPERTY DESCRIPTION NO. 16398 DATE 9-21-93

OWNER OR CONTRACTOR Linda A. Lerch PHONE: Business ______ Home 872-8481

ADDRESS Rt. 15, Box 484, Statesville, N.C. 28677

LOCATION Hwy 90W TL 1st entrance Lackey Farm Rd. TR Cherry Blossom Rd. Lot a .75 miles on R.

SUBDIVISION Richmont Hills S/D BLOCK / SECTION ______ LOT 16 LOT AREA 2.8 acres. SITE CLASS. P.S. L.T.A.R. .38 gal/ft²

Water Supply: ☑ Individual ☐ Community ☐ Public Well To Be Located.

Septic Tank: 1000 Gallons; STB 1012 Date 8-9-93

Pump Tank: — Gallons; PT — Date —

Nitrification Field: No Fields 1 Square Feet 1035 Linear Feet 345'

No Lines 3 Trench Width 36" Trench Depth 18"-24" Gravel Depth 12"

☑ New System ☐ Repair System Type: I (II) III, IV, V, VI

System Description: conventional, gravity

Repair System Description: "

Maintenance Agreement Required: ☐ Yes ☑ No

☑ House/Mod. Home ☐ Mobile Home ☐ Business ☐ Other

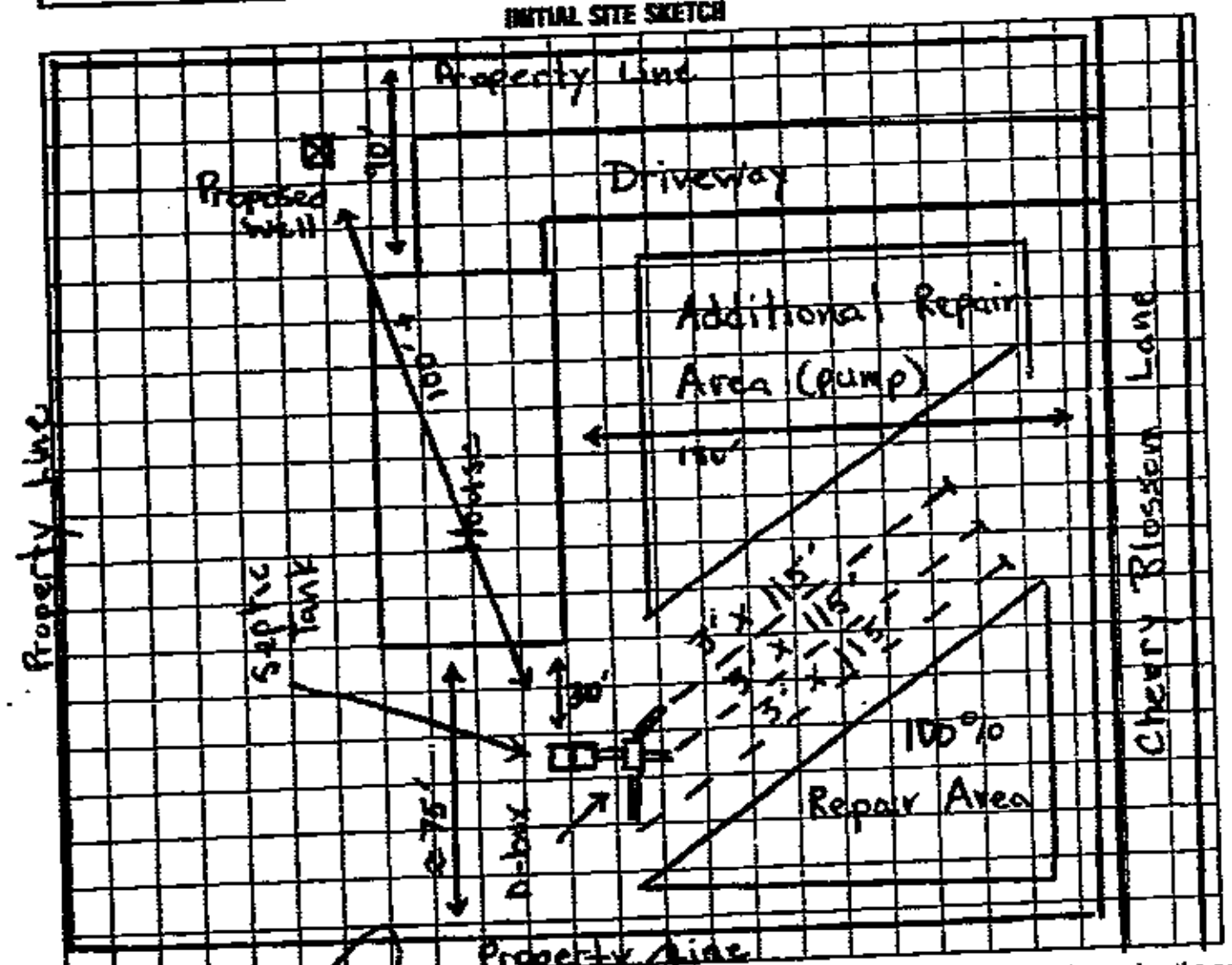
No. Bedrooms 3 No. Bathrooms 3 No. Employees ______

Garbage Disposal: ☑ Yes ☐ No Auto. Dishwasher: ☑ Yes ☐ No Auto. Washing Machine: ☑ Yes ☐ No Other ______

☐ Slab ☐ Crawl Space ☑ Basement w/plumbing ☐ Basement wo/plumbing

Comments: INSTALL SYSTEM SHALLOW (no deeper than 24" to trench bottom) Keep Nitrification Lines on contour. Keep system min. 10' from foundation of home, min. 10' from all property lines, and min. 100' from well. 100% Repair Area below system conventional, gravity fed. Additional Repair Area above system, pump to conventional.

INITIAL SITE SKETCH



AS BUILT SKETCH

SAME AS INITIAL 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 installation of the system. Improvement Permit is valid for 60 months from date of issuance.

Signed: Linda A. Lerch

Improvement Permit by: Michael J. Dennis date 9-21-93

Existing System Inspection by: ______ date ______

Installed by: W. Boyd Adams Grading Contractor

Certificate of Completion by: Michael J. Dennis date 11-10-93

Operation Permit by: ______ date ______

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