ICHD - ENVIRONMENTAL HEALTH DIVISION

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # AP-SIZ041

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

PIN # 4615 - 81 - 9157

APPLICANT/OWNER: RONNIE & KATRINA FREEMAN APPLICANT ADDRESS: 442 STONEMARKER ROAD, MOORESVILLE, N.C. 28117

SITE ADDRESS: 442 STONEMARKER ROAD, MOORESVILLE, N.C. 28117 PHONE: 704-560-3675 ALT. PHONE —

SITE DIRECTIONS: (S) ON 67 (R) ON BRAWLEY SCHOOL, (R) ON STONEMARKER, LOT ON (R) SAP CONTROLLED: ☐ YES ☐ NO EXT

SUBDIVISION: CL+T SECTION: 6 LOT # 134 LOT AREA: 0.689AC DESIGN FLOW: 360GPD L.T.A.R.: EXT

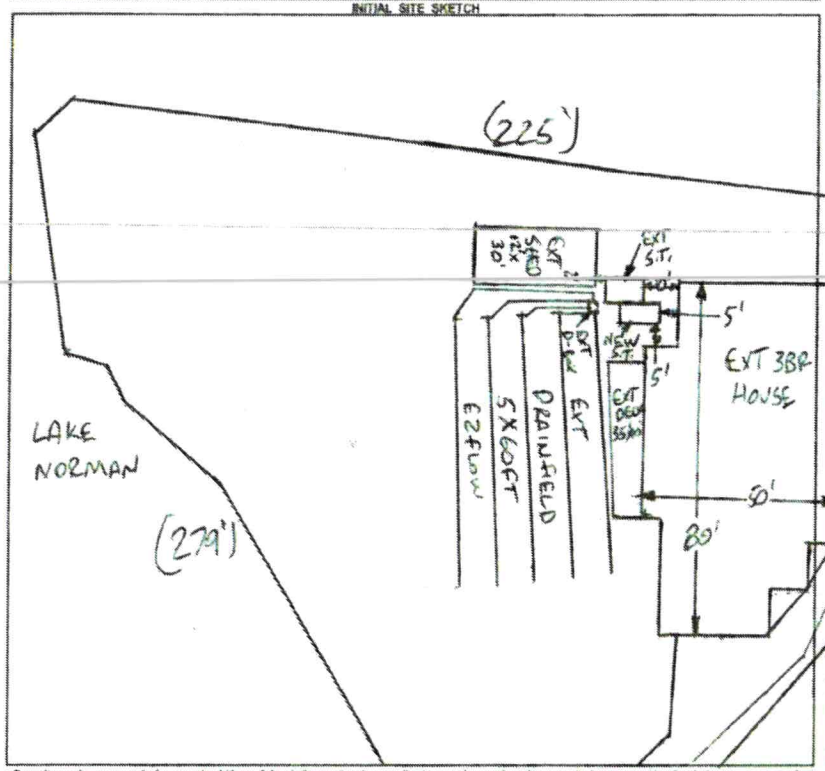
Septic Tank	1000	(gal)	STB	2071	Date	INFILTRATOR	☐ New System	☐ Repair	☐ Expansion	System Type: I II III IV V VI	
Pump Tank	—	(gal)	PT	—	Date	—	System Description:			EXT EZ-FLOW	
Pump Make	—	Model	—		Serial #	—	Repair System Description:			TANK REPLACEMENT	
# Nitrification Fields	EXT 1	# Lines	EXT 5		Linear Ft	300FT	Maintenance Agreement Required:		☐ YES	☑ NO	
Trench Width	36IN EXT	Trench Bottom Depth(Low side)	EXT		Gravel Depth	—	☑ GRAVITY		☐ PRESSURE		

☑ Residence No. Bedrooms EXT 3 / 6
☐ Business No. Persons
☐ Other No. Employees —
☐ Slab ☑ Crawl Space
☐ Basement w/plumbing ☐ Basement w/o plumbing

Water Supply: ☑ Private EXT ☐ Public ☐ Community

Comments / Conditions: PUMP, CRUSH AND FILL OLD TANK, CHECK AND REPLACE D-BOX AS NEEDED

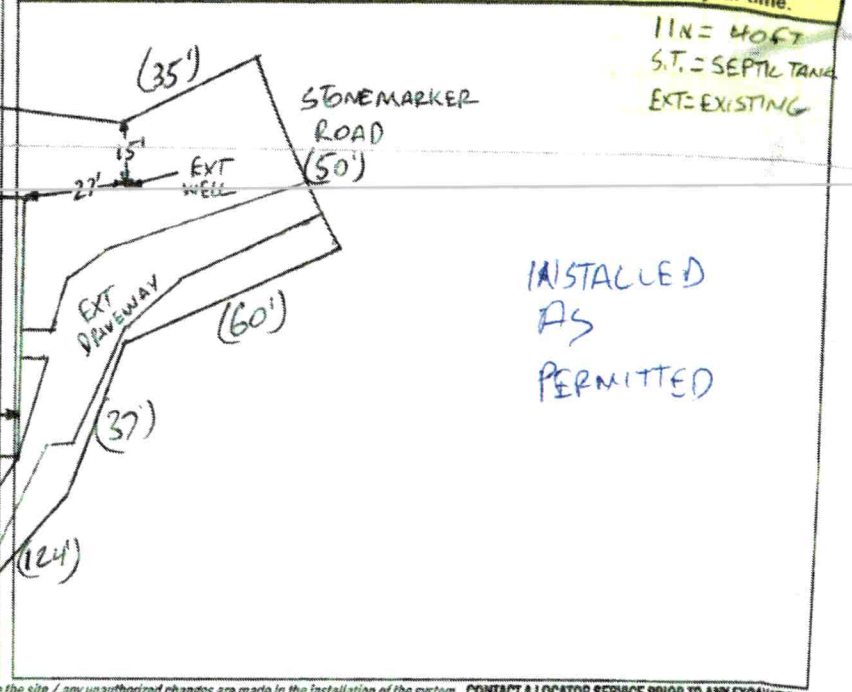
INITIAL SITE SKETCH



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.

1IN = 40FT
S.T. = SEPTIC TANK
EXT = EXISTING



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: Katrina Freeman Date: 10-6-20 Installed by: GREENWAY WASTEWATER

IMPROVEMENT PERMIT by: Bryant C. Whitaker Date: 10-5-2020 OPERATION PERMIT by: Bryant C. Whitaker Date: 10-13-2020

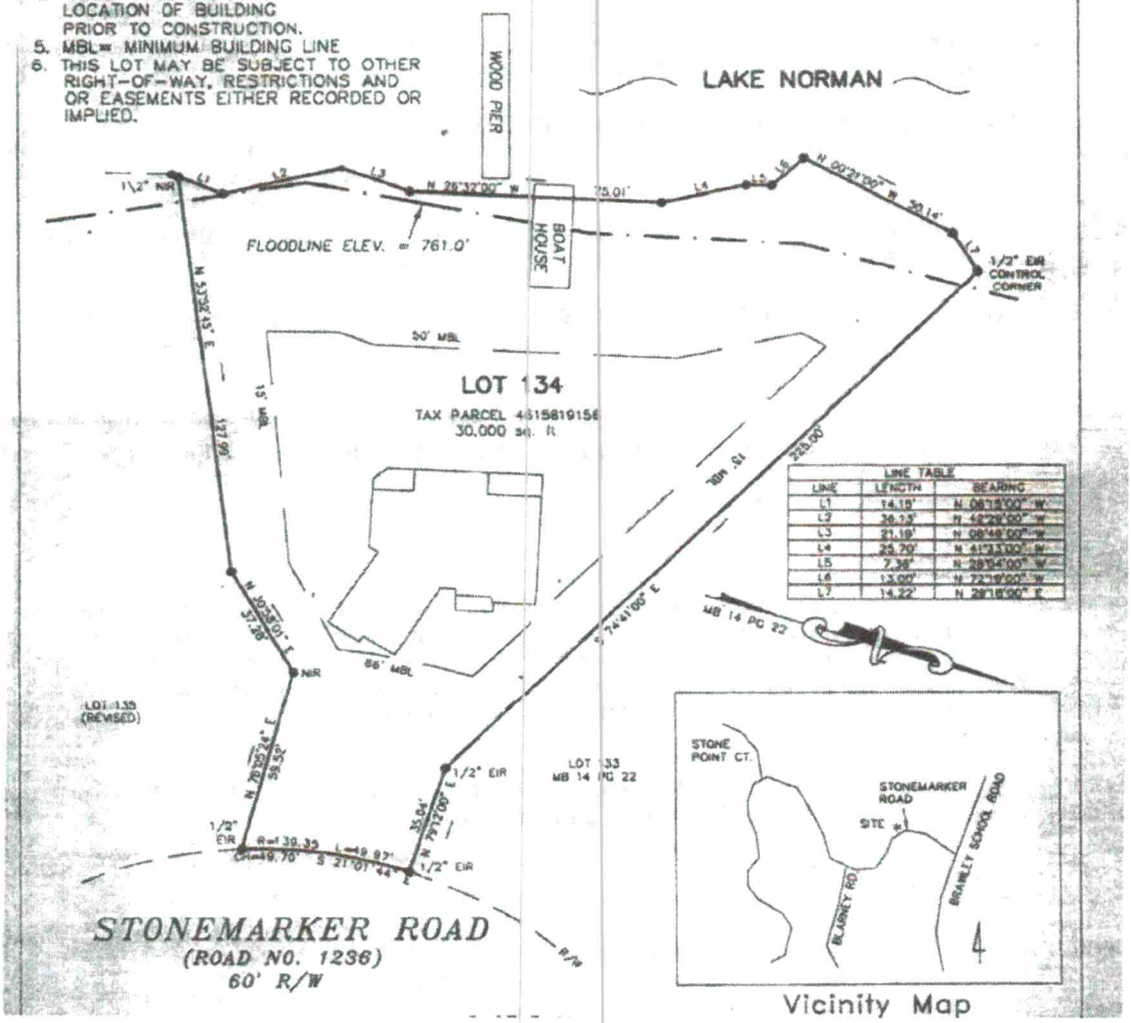
AUTHORIZATION TO CONSTRUCT by: Bryant C. Whitaker Date: 10-5-2020 Existing System Inspected by: Date:

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

SAM MALONE & ASSOCIATES
SURVEYING - DESIGN - PLANNING
P.O. BOX 1139 MATTHEWS, N.C. 28106
PHONE (704) 847-9026
FAX (704) 847 - 5188

20th MAY 2004

NOTES
1. R/W = RIGHT OF WAY
2. THIS IS A PRELIMINARY PLOT PLAN ONLY AND IS NOT TO BE USED FOR RECONDATION OR CONVEYANCES.
3. OWNER/BUILDER TO VERIFY COMPLIANCE WITH ZONING RESTRICTIVE COVENANTS AND HOMEOWNERS ASSOCATION REQUIREMENTS OF RECORD.
4. BUILDER/CONTRACTOR TO VERIFY DIMENSIONS AND LOCATION OF BUILDING PRIOR TO CONSTRUCTION.
5. MBL= MINIMUM BUILDING LINE
6. THIS LOT MAY BE SUBJECT TO OTHER RIGHT-OF-WAY, RESTRICTIONS AND OR EASEMENTS EITHER RECORDED OR IMPLIED.



LINE TABLE		
LINE	LENGTH	BEARING
L1	14.15'	N 08°18'00" W
L2	36.13'	N 48°29'00" W
L3	21.19'	N 08°48'00" W
L4	25.79'	N 41°33'00" W
L5	7.38'	N 28°34'00" W
L6	13.00'	N 72°19'00" W
L7	14.22'	N 28°18'00" E

Vicinity Map

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. ***

RRJ **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.**

RRJ **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.**

RRJ 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.

RRJ **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.

RRJ 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.

RRJ 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** 9-22-22

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.

RECEIVED SEP 2 3 2020

AP-311204
Repair
Excel

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)

Repair

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 #
Ronnie K. Freeman	442 Stovemarker Rd. Mooresville	704 560 3675	
Owner Name	**Mailing Address**	**Home Phone #**	**Alternate Phone #**
Ronnie K Freeman	442 Stovemarker Rd.	704-560-3675	

4. Property Information:

Street Address	Subdivision Name	Section/Phase and Lot Number
442 Stovemarker Rd. Crawley	None	

Driving Directions: ~~Beatty~~ past point, Rt on Stovemarker Rd
1055 Farm lane on Right

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 Septic Tank Caving in — ( ) 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 2005 *Year*

( ) 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: Ronnie Freeman 9-23-20

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

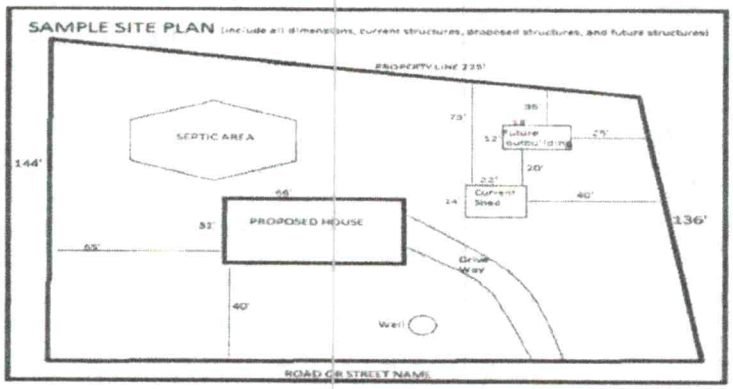
_X_ **Front and side setbacks from property line…** _____ **Preferred driveway location and configuration, preferred well location…**

_✓_ **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

LAKE LAKE

septic field — outbuilding

proposed new tank → : septic tank

House

Driveway

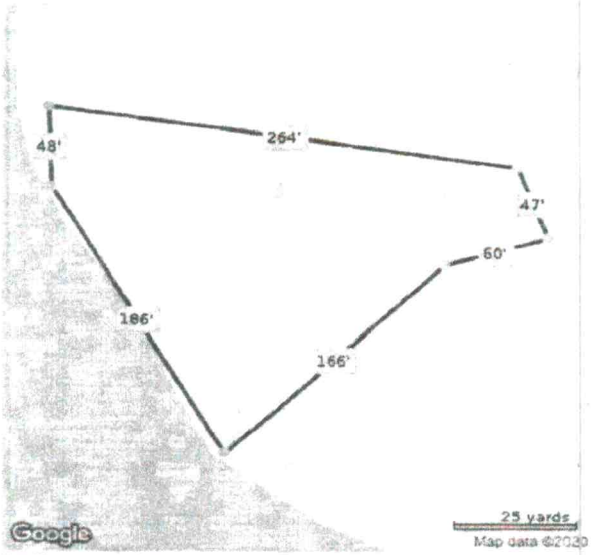
Well

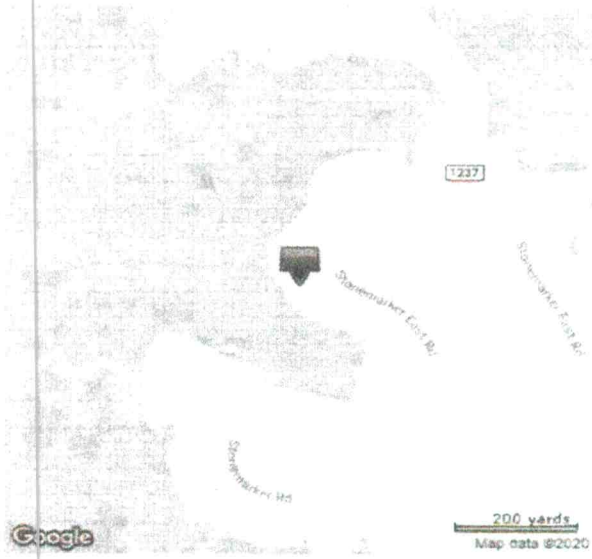
Stonemarker Rd

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

9-22-20
DATE

PROPERTY MAP





*Lot Dimensions are Estimated

IREDELL COUNTY DEPARTMENT OF ENVIRONMENTAL HEALTH

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*) Ronnie Freeman 9/23/20

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, Ronnie Freeman, am the legal owner(s) of the property located at 442 Stonemarker Rd., Mooresville, NC, identified as PIN (Parcel Identification Number) 4615-81-9157.000, located in Iredell County, North Carolina.

I do hereby authorize (**print legal representative/company name**) Steve Hankins/J Cash Real Estate or Randy Matton/Piedmont Septic, 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.

Ronnie Freeman — 9/23/20

Signature of Owner(s) — Date

Mooresville - Environmental Health
Fax: 704-662-3239
610 E. Center Avenue, Mooresville, NC 28115

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

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: 9-22-20 PIN: 4615-81-9157.000 (Sho

REQUESTED BY: Ronnie R. Freeman PHONE: 704-560-3675

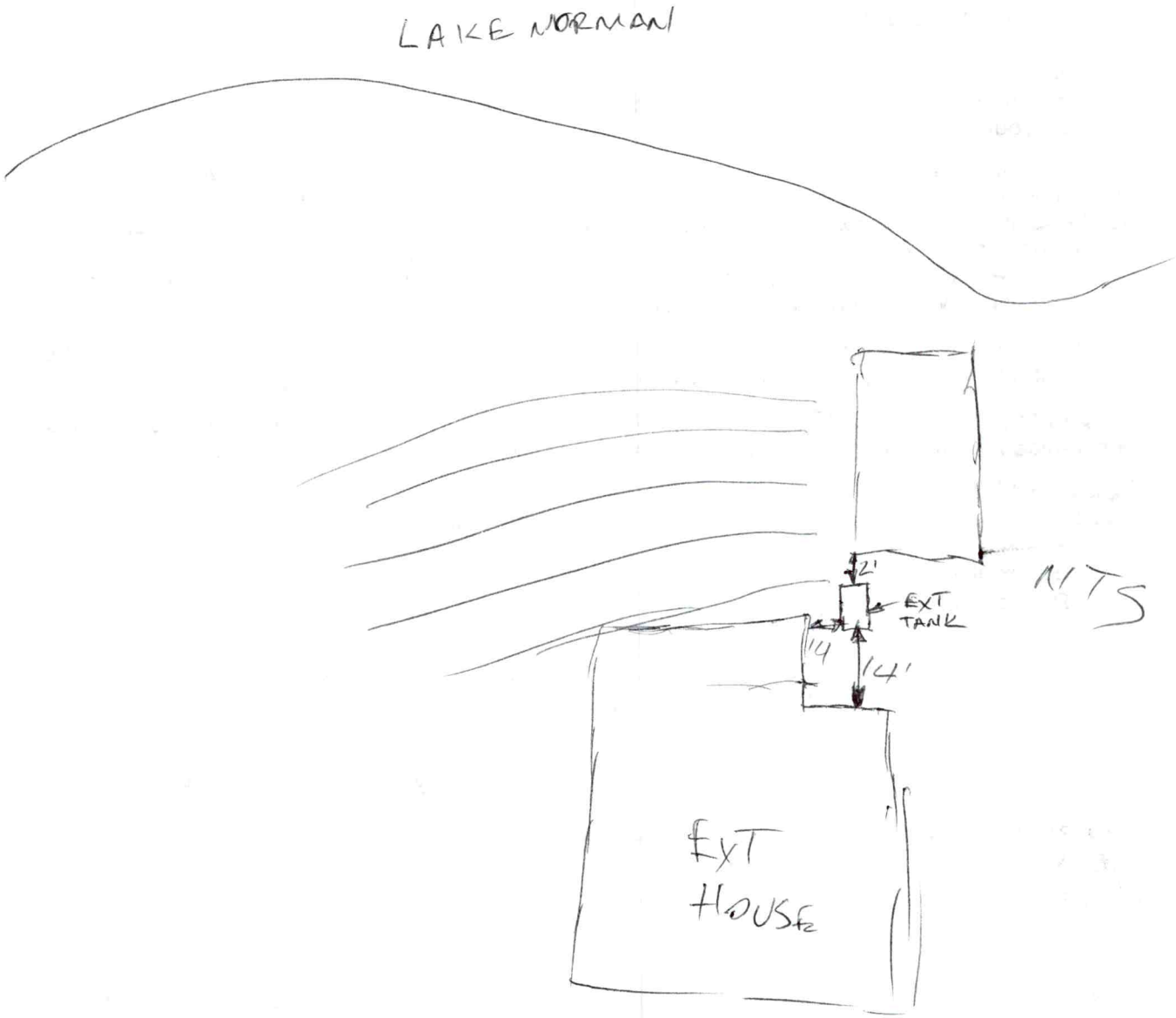
ADDRESS OF PROPERTY: 142 Stonemarker Dr CITY: Mooresville

SUBDIVISION: Mose LOT #: _____

YEAR SEPTIC INSTALLED OR HOME BUILT / PLACED: 2005 Stick built ✓ Modular_____ Mobile_____

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

NAME OF FIRST OWNER: Ronnie Freeman


LAKE NORMAN
2'
EXT TANK
14'
14'
EXT HOUSE
NTS
STOVE MARKER