H5 2100

ICHD - ENVIRONMENTAL HEALTH DIVISION

Statesville Office (704) 878-5305 | Mooresville Office (704) 660-3625 | PERMIT # AP 315925

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

PIN # 4626-01-5236

APPLICANT/OWNER: Joseph Akantar | APPLICANT ADDRESS: PO Box 1702 Huntersville NC

SITE ADDRESS: 139 Larkhaven Ln Mooresville NC 28117 | PHONE: 704-678-7928 | ALT. PHONE

SITE DIRECTIONS: Brawley School Rd to R on Chuckwood Rd, L on Barber Lp, R on Larkhaven Ln, Lot on R | SAP CONTROLLED: [X] YES ST [X] YES WP [ ] NO

SUBDIVISION: Larkhaven Pointe | SECTION: — | LOT # 1 | LOT AREA: 0.5acres | DESIGN FLOW: 360GPD | L.T.A.R.: Existing

Septic Tank	1000 (gal)	STB	768	Date	2/5/21		
Pump Tank	— (gal)	PT	—	Date			
Pump Make	—	Model	—	Serial #	—		
# Nitrification Fields	E	# Lines	1 S T	Linear Ft	1 N/C		
Trench Width		Trench Bottom Depth(Low side)		Gravel Depth			

[ ] New System [X] Repair [ ] Expansion | System Type: I II (III) IV V VI

System Description: New Tank

Repair System Description: Existing

Maintenance Agreement Required: [ ] YES [ ] NO [ ] GRAVITY [ ] PRESSURE

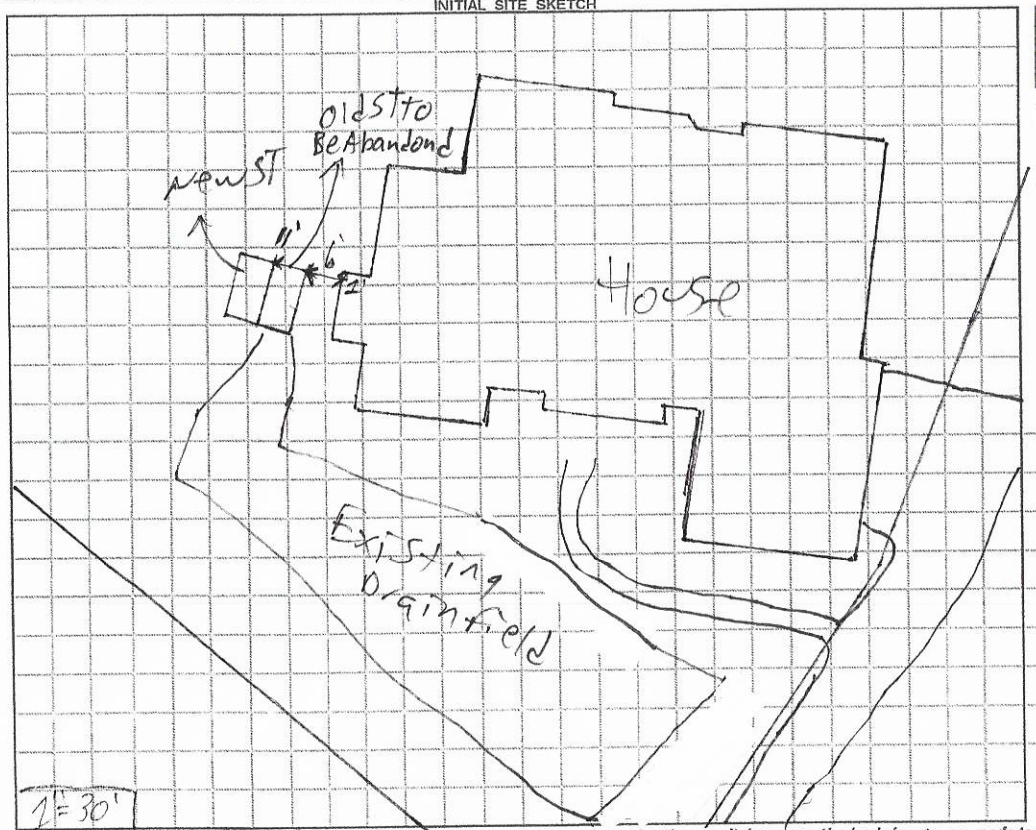
[X] Residence | No. Bedrooms 3
[ ] Business | No. Persons 6
[ ] Other | No. Employees
[ ] Slab | [X] Crawl Space
[ ] Basement w/plumbing | [ ] Basement w/o plumbing

Water Supply: [X] Private [ ] Public [ ] Community

Comments / Conditions: Pump crush and fill old tanks, If new tank is installed at 3' or greater it must be traffic grade.

Real filter installed
Installed ST as Shown.

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.

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.* [X] IMPROVEMENT PERMIT *with site plan valid for 60 mos.* [X] AUTHORIZATION TO CONSTRUCT *valid for period equal to IMPROVEMENT PERMIT--not to exceed 60 mo.*

Owner / Applicant Signature: | Date: 3-24-21 | Installed by: Lentz Wastewater

IMPROVEMENT PERMIT by: Patrick O Boyle III | Date: 3/22/2021 | OPERATION PERMIT by: Marian Dotson | Date: 4/8/21

AUTHORIZATION TO CONSTRUCT by: Patrick O Boyle III | Date: 3/22/2021 | Existing System Inspected by: | Date:

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

RECEIVED MAR 1 8 2021

IREDELL COUNTY HEALTH DEPARTMENT *ENVIRONMENTAL HEALTH DIVISION*

(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)

S1 94STO 1043

1. APPLICATION FOR: ___Improvement Permit ___Authorization To Construct ___ Existing System Inspection

********* Repair Eval. AP-315925

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 #
Joseph Akanter	P.O. Box 1702 Huntersville NC 28070	704-678-7928	
Owner Name	**Mailing Address**	**Home Phone #**	**Alternate Phone #**
Joseph Akanter	P.O Box 1702 Huntersville NC 28070	704-678-7928	

4. Property Information:

Street Address	Subdivision Name	Section/Phase and Lot Number
139 Larkhaven Ln	Larkhaven Pointe	Lot 1

Driving Directions: 77 North to exit 35, L off exit on Brawley School RD. R on Chuckwood RD. L on Barber Loop. R on Larkhaven Ln, 139 Larkhaven is on R in middle.

5. RESIDENTIAL Site Development Information: *(Check or Complete ALL that apply)*

( ) New, Single Family Residence
( ) New, Multi-Family Residence
( ) Expansion of Existing Septic System
(X) Repair To Failing Septic System due to Crack in tank - Water Wasted
( ) Other

Maximum Number of Bedrooms 3
Maximum Number of Occupants 4
If Expansion, Current Number of Bedrooms ___

(X) Crawl Space Foundation?
( ) Concrete Slab Foundation?
( ) Basement w/Plumbing?
( ) Basement w/out Plumbing?

IF Non-Residential Site Development:
Type of Business
Square Footage of Building
Maximum Number of Employees
Maximum Number of Seats

6. Proposed Water Supply:

( ) New Well (X) 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 1996 *Year*

( ) Alternative (X) Conventional ( ) Innovative ( ) Modified Conventional ( ) Other_____

8. 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. industry) 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.

9. Signature: _____ 3-15-21
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) 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, Joseph F. Akanter, am the legal owner(s) of the property located at 139 Larkhaven Ln, identified as PIN (Parcel Identification Number) _____, located in Iredell County, North Carolina.

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

_____ 3-18-21 _____ _____

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

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

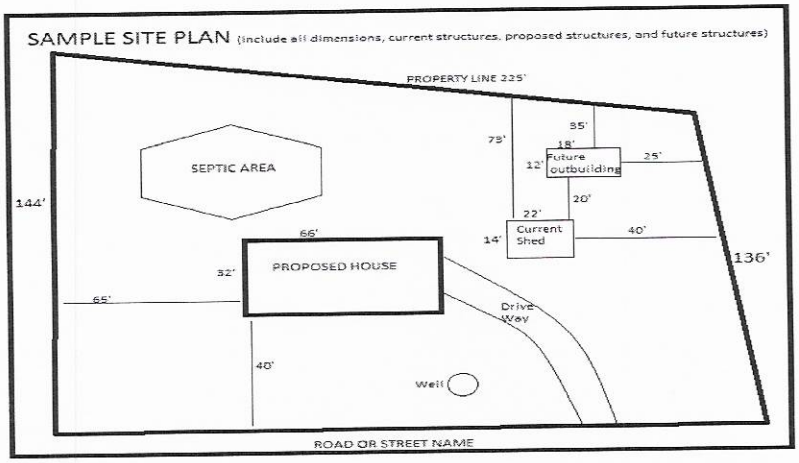
_____ Front and side setbacks from property line… **_____ Preferred driveway location and configuration, preferred well location…**

_____ 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

see attached

Signature: _____

REQUIRED **property owner or owner's legal representative signature.**

3-18-21

DATE

25' BLDG. LINE
35.0'
73.3'
41.2'
POOL
PROPOSED HOUSE
ALL DIMENSIONS
HAD TO BE SCALED
BACK
FRONT
53'
39.0'
43.7'
0.50 AC.
27.5'
82.6'
78.8'
OLD LOT LINE
35.0'
35' BLDG. LINE
REVISED LOT 1
Bryan &
Robin Baker

IREDELL COUNTY HEALTH DEPARTMENT

STATESVILLE 704-878-5305 MOORESVILLE 704-664-5281

IMPROVEMENT PERMIT / CERTIFICATE OF COMPLETION / OPERATION PERMIT / EXISTING SYSTEM INSPEC.

PROPERTY DESCRIPTION NO. 21145 DATE Nov. 8, 195 TAX MAP NO. pending 2FA8 Watershed: ☑ Yes ☐ No

OWNER OR CONTRACTOR Bryan Baker PHONE: Business _____ Home Cab 3-2777 485 CA

ADDRESS 205 Isle of Pines Rd, Mooresville

LOCATION Brawley School Road TR Chinkwood R (atend) on Barber Loop TR Larkhaven 4626-01-5236

SUBDIVISION Larkhaven Pointe BLOCK / SECTION _____ LOT 1 LOT AREA .25Ac SITE CLASS Spr. 1956 DESIGN FLOW 360 gpd L.T.A.R. .3

Septic Tank: 1000 Gallons; STB 794 Date _____

Pump Tank: _____ Gallons; PT _____ Date _____

Pump Make: _____ Model _____ Serial No. _____

Nitrification Field: No Fields 1 Square Feet 900 Linear Feet 300

No Lines 3 @ 30 + 3 Trench Width 36" Max Trench Bottom Depth @ 30" Gravel Depth NA

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

System Description: gravity Taft Heater

Repair System Description: gravity pond block

Maintenance Agreement Required: ☐ Yes ☐ No

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

No. Bedrooms 3 No. Bathrooms 2½ No. Employees _____

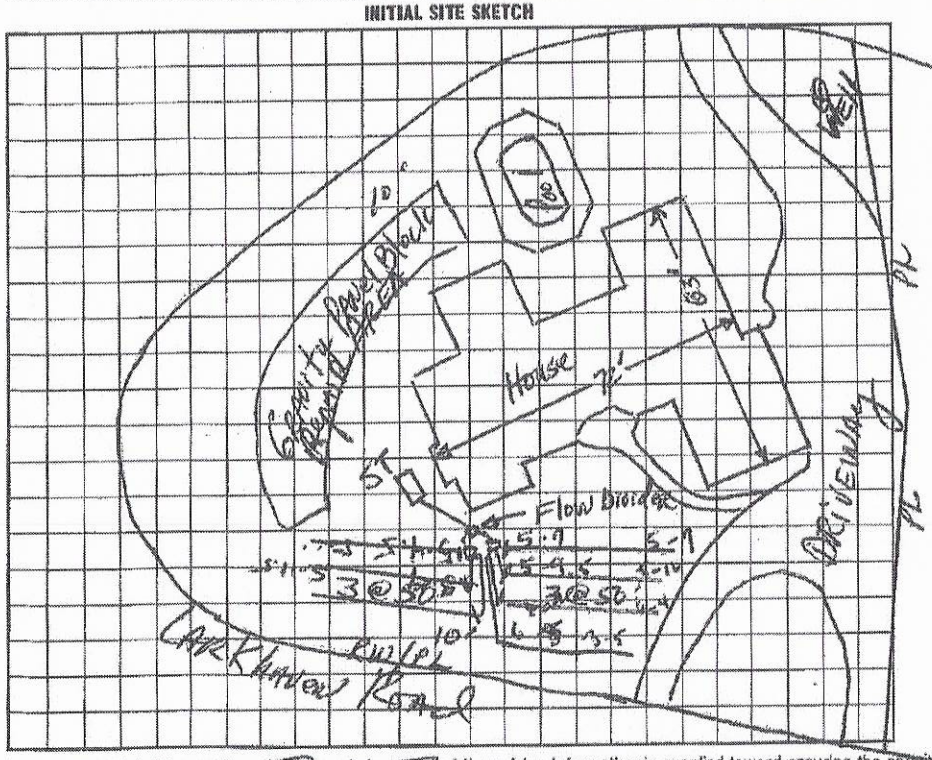
☐ Slab ☑ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☑ Individual ☐ Community ☐ Public

Comments: Distribution system consists of Flow Divider to 2 D-boxes w/ Speed Levelers.

Comments:

INITIAL SITE SKETCH



AS BUILT 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.

Signed: _____

Improvement Permit by: David B. Hamm, RS date 11-8-95

Auth. to Construct

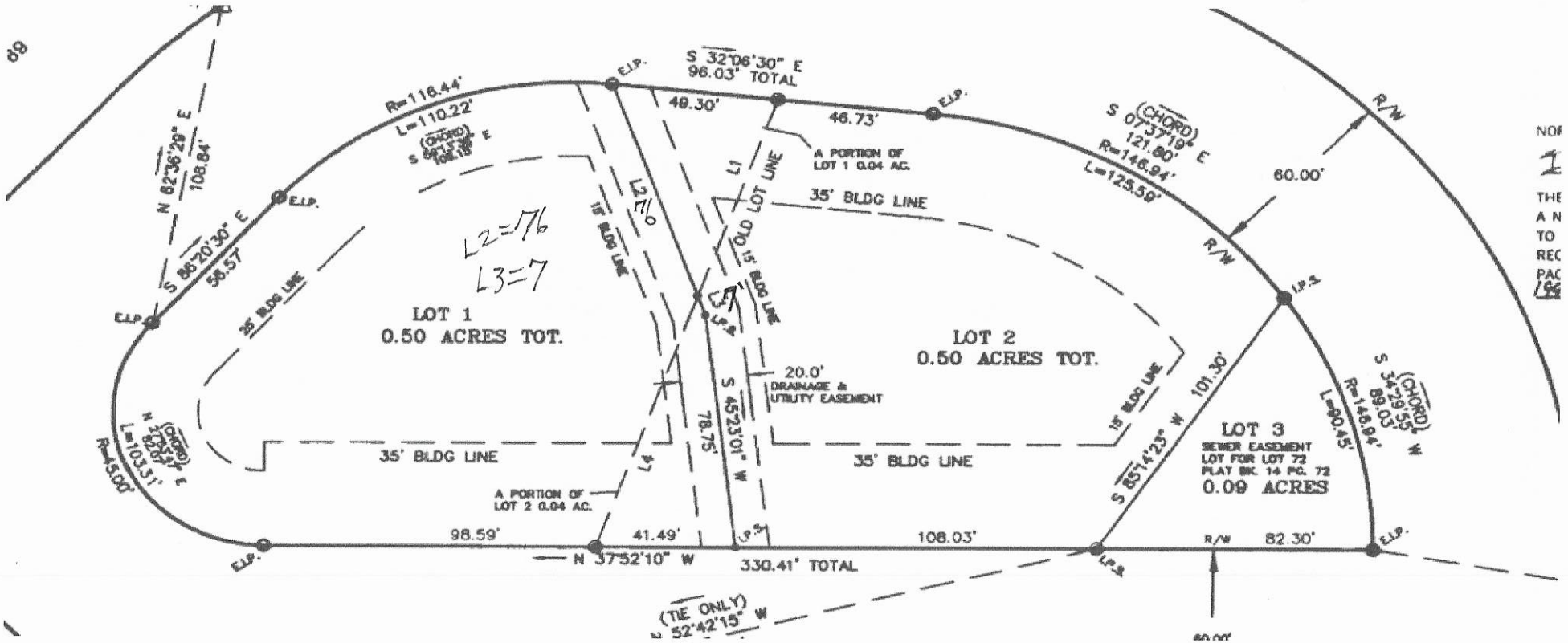
Existing System Inspection by: David B. Hamm, RS date 11-8-95

Installed by: Barry Thompson

Certificate of Completion by: _____ date _____

Operation Permit by: Wendy Sparks R.S. date 11/14/95

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


N 82°36'29" E
108.84'
R=116.44'
L=110.22'
(CHORD)
S 86°13'39" E
104.19'
E.L.P.
S 32°06'30" E
96.03' TOTAL
49.30'
46.73'
E.L.P.
S 07°37'19" E
(CHORD)
121.80'
R=146.94'
L=125.59'
R/W
60.00'
R/W
S 86°20'30" E
56.57'
E.L.P.
35' BLDG LINE
15' BLDG LINE
L2=76
L3=7
L2
L1
OLD LOT LINE
A PORTION OF
LOT 1 0.04 AC.
35' BLDG LINE
LOT 1
0.50 ACRES TOT.
L3
L.P.S.
LOT 2
0.50 ACRES TOT.
20.0'
DRAINAGE &
UTILITY EASEMENT
S 45°23'01" W
78.75'
15' BLDG LINE
S 85°14'23" W
101.30'
(CHORD)
S 34°29'55" W
89.03'
R=146.94'
L=90.45'
N 27°53'47" E
(CHORD)
102.97'
L=103.31'
R=45.00'
35' BLDG LINE
35' BLDG LINE
L4
A PORTION OF
LOT 2 0.04 AC.
LOT 3
SEWER EASEMENT
LOT FOR LOT 72
PLAT BK. 14 PG. 72
0.09 ACRES
E.L.P.
98.59'
41.49'
L.P.S.
108.03'
L.P.S.
R/W
82.30'
E.L.P.
N 37°52'10" W
330.41' TOTAL
(TIE ONLY)
N 52°42'15" W
60.00'