BB

IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # AP-311910

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

PIN # 4626320267

APPLICANT/OWNER: Wayne & Sandie Kimball APPLICANT ADDRESS: 252 Indian Trail Mooresville NC

SITE ADDRESS: 252 Indian Trail Mooresville NC PHONE: 949-813-4433 ALT. PHONE N/A

SITE DIRECTIONS: I 77 exit Brawley School Rd T/L Then T/L Chuckwood Rd T/R Indian Trail lot on Right SAP CONTROLLED: ☐ YES ■ NO

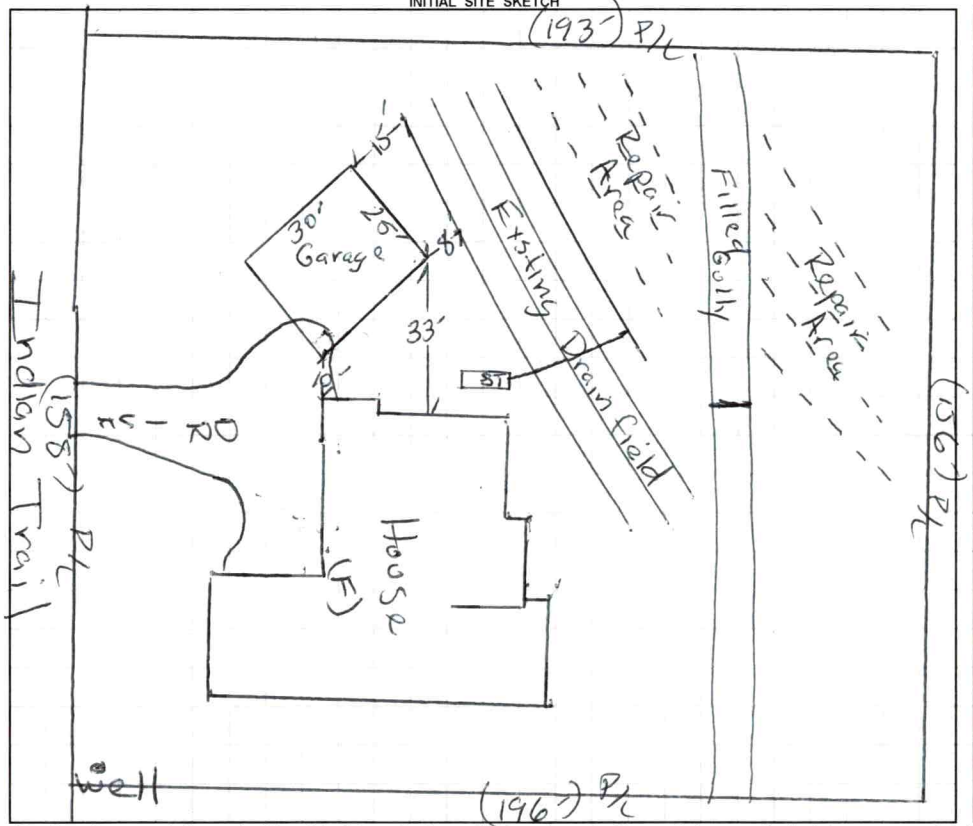
SUBDIVISION: Watertree Landing SECTION: P2 LOT # 17 LOT AREA: 0.71ac DESIGN FLOW: EX L.T.A.R.: EX

Septic Tank	EX	(gal)	STB	Date	■ New System	☐ Repair	☐ Expansion	System Type: I II III IV V VI	■ Residence	No. Bedrooms	EX
Pump Tank		(gal)	PT	Date	System Description:	EXISTING			☐ Business	No. Persons	EX
Pump Make		Model		Serial #	Repair				☐ Other	No. Employees	
# Nitrification Fields	EX	# Lines	EX	Linear Ft	Maintenance Agreement Required:	☐ YES	■ NO		■ Slab	☐ Crawl Space	
Trench Width	EX	Max Trench Bottom Depth	EX	Gravel Depth	N/A	■ GRAVITY	☐ PRESSURE		☐ Basement w/plumbing	☐ Basement w/o plumbing	

Water Supply
■ Private
☐ Public
☐ Community

Comments / Conditions: **All building foundations must be greater than 5' from any part of STS.**

INITIAL SITE SKETCH



AS BUILT SKETCH

1" = 40

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: Sandie Kimball Date: 1-7-21 Installed by:

IMPROVEMENT PERMIT by: Date: OPERATION PERMIT by: Date:

AUTHORIZATION TO CONSTRUCT by: Date: Existing System Inspected by: Robert H Date: 12/7/20

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

311910

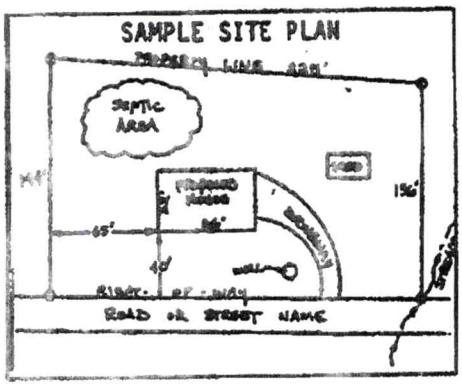
IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

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 OR WELL 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
( ) Preferred well location
( ) Preferred septic system location
( ) North arrow, or other sufficient indicator of direction

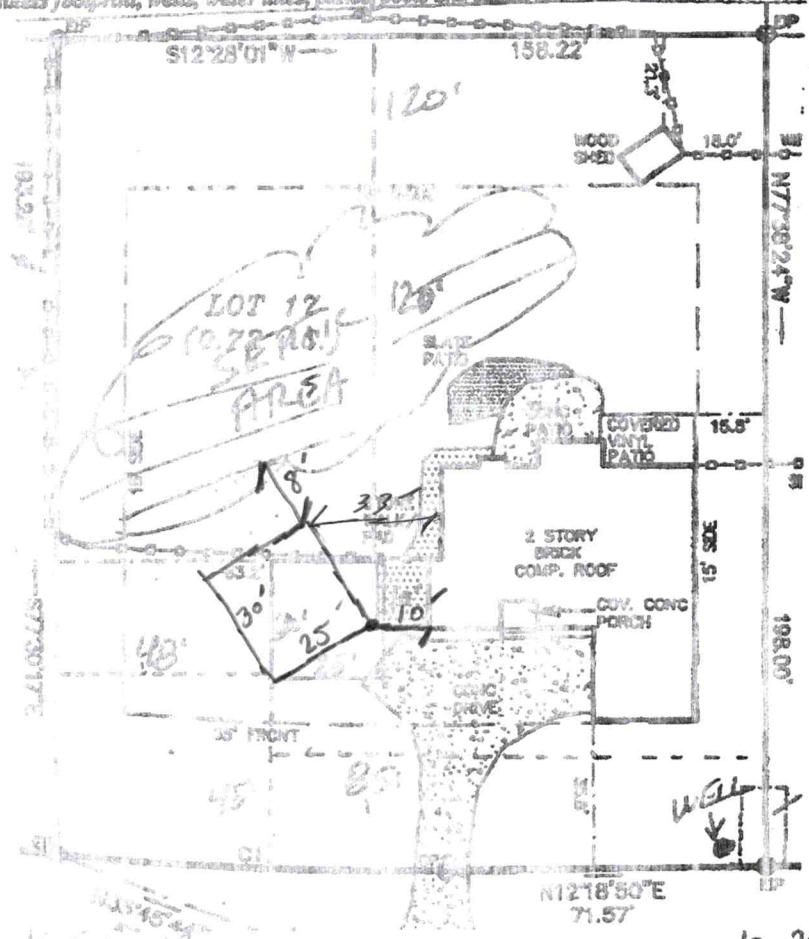


Circle N/A on the following if appropriate:

Location of septic systems and wells within 100' of your property N/A
Location of streams and lakes within 50' of 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 structure footprint, wells, water lines, patios, pools and decks, and any other item that will occupy space on the site



Signature: Sandra Kimball
Property owner or owner's legal representative signature (SIGNATURE REQUIRED)

10-24-2020
DATE

RECEIVED OCT 1 9 2020

AP-311910

$500.00

Relocation of Repair Area

APPLICATION MUST BE FILLED OUT COMPLETELY & BE LEGIBLE OR IT WILL NOT BE PROCESSED

Fredell County Health Department – Environmental Health Division

PAGE 1: APPLICATION FORM

Application For:

[X] Septic Improvement Permit [ ] New Well Permit [ ] Well Repair Permit [ ] Well Abandonment [ ] Authorization to Construct [ ] Existing System Inspection [ ] Septic System Repair

PLEASE PRINT OR TYPE ALL INFORMATION. THIS APPLICATION MUST BE FILLED OUT COMPLETELY OR IT WILL NOT BE PROCESSED. ALL QUESTIONS MUST BE ANSWERED. IF A QUESTION DOES NOT APPLY, WRITE "N/A". THE IMPROVEMENT PERMIT IS VALID FOR EITHER 18 MONTHS OR AUTOMATICALLY EXPIRES UPON THE SALE OF THE PROPERTY. SEE BACK OF THIS FORM 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 = 50 feet [ ] Custom Site Plan, scaled no more than 1 inch = 60 feet

Place an 'X' beside whichever is submitted if applicable

Applicant Information: (PRINT CLEARLY)

Applicant Name: Wayne & Sandie Kimball Address: 252 Indian Trail Zip: 28117

Applicant Email: Sandie.Kimball@gmail.com Phone: 949 813 4433 Alt. Phone: 949 813 4432

Owner Name: same as Address: 949 813-4433 Zip:

Owner Email: same as Phone: Alt. Phone:

Property Information:

Street Address: 252 Indian Trail

Subdivision Name: Waterfree Landing Section/Phase: 2 Lot Number: 17

Driving Directions: 277, East Crawley School Rd, Right on Chickwood Rd, Right on Indian Trail Rd, house on right hand side

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

[ ] New Single Family Residence
[ ] New Multi Family Residence
[X] Accessory Building – garage
[ ] Bedroom(s) Addition
[ ] Repair to failing septic system

Maximum Number of Bedrooms: 4
Maximum Number of Occupants: 4
[ ] Swimming Pool
[ ] Other Addition/Structure:
Tank Drain lines Describe Problem:

CHECK FOUNDATION TYPE
[X] Crawl Space Foundation
[ ] Concrete Slab Foundation
[ ] Basement with Plumbing
[ ] Basement without Plumbing

Non-Residential Site Development:
Square Footage of Building: Type of Business:
Max. Number of Employees: Max. Number of Seats/Beds/Other:

Water Supply: [ ] Replacement Well – Reason:
[ ] Multi-connection Well Number of Houses: Number of Persons:

[ ] New Well [X] 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 [ ] 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: Sandie Kimball Wayne Kimball
Property owner or owner's legal representative signature (SIGNATURE REQUIRED)

10-14-2020
DATE

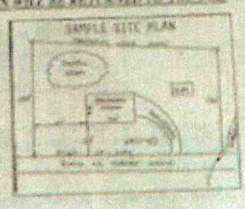
Page 1 of 4

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, septic lines, patios, pools and decks, and any other item that will occupy space on the site

* relocate approximately 1/10 of current repair area so that we can build an additional 2 car garage (approx 25' wide by 30' deep)

* see attached permit

* need to have the soil "perked" before we submit plans to build

* property has stakes from septic survey and land survey

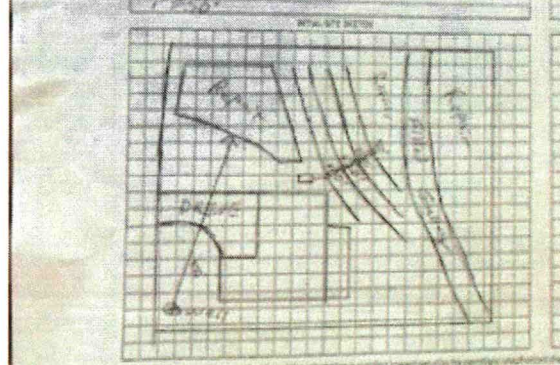
Signature: Lindsay Kimball /s/ 10-16-2020
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) Date

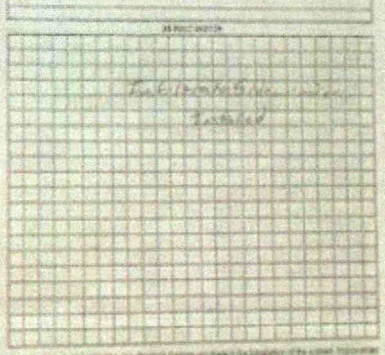
252 Indian Trail

$50

IREDELL COUNTY HEALTH DEPARTMENT

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





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) _____

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.

X 2. I, Wayne Kimball / Sandra Kimball am the legal owner(s) of the property located at 252 Hidden Trail identified as PIN (Parcel Identification Number) 4624-32-0267.000 located in Iredell County, North Carolina.

I do hereby authorize (print legal representative/company name) Jerry Jackson Jackson Construction 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.

Sandra Kimball — Signature of Owner(s)

10-16-2020 — 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

ENVIRONMENTAL HEALTH REQUIREMENTS for SEPTIC and WELL PERMITS

The following items must be completed PRIOR to the SUBMITTAL of any Environmental Health Application. Incomplete applications will be returned to the applicant and cannot be processed or placed on the work list.

** Initial all lines below to indicate you have submitted each form and completed every site requirement **

AA Complete an Environmental Health Forms

AA Application

AA Site Plan including the dimensions of proposed structure, addition, pool etc.

AA Documentation to Authorize Owner Agent (even if the property owner is the applicant – complete section 1 or 2)

AA Copy of Zoning Permit when applicable

AA Sign this sheet after you have completed all items

AA Lot must be cleared of heavy undergrowth. In order to evaluate the lot, the footprint of the proposed structure must be visible. Adequate area for the septic drain field and repair area must be sufficiently cleared of heavy undergrowth, with 50 feet of visibility in all directions, inspectors must be able to evaluate the property, shoot laser level elevations, layout the drain field, do soils work, etc. If the lot is not cleared sufficiently, then a $100 site revisit fee will be charged and the evaluation will be put on HOLD until the requirement is met.

AA Clearly mark all property corners by locating existing iron or concrete markers. Flag all property lines every 25 feet if adjacent corners are not visible when standing on any given corner. Property lines must be flagged by a licensed NC surveyor & easily identified prior to application submittal (exception may apply for septic repair evaluations only). Mow lines and/or fence lines do NOT constitute marked lines. If the property lines are not properly marked when the lot is ready to be evaluated, then the application will be put on HOLD and a $100 site revisit fee charged.

AA Stake or flag the footprint of the proposed structure, addition, pool etc. to match the site plan submitted. The proposed structure, etc. must be staked out on the property as per the site plan.

AA If an Authorization to Construct (AC) is desired, submit a recorded copy of the plat for newly created or subdivided lots(s) and a LEGIBLE copy of the basic floor plan on larger than 8 ½" x 14" for each floor of the structure including decks, porches, etc. The overall dimensions must be clearly noted & the rooms labeled.

Any site not meeting the above requirements when staff arrives for the evaluation will result in a $100 site revisit fee being charged and the request being placed on HOLD. This will delay the processing of the application. Once work by Environmental Health staff begins, the on-site fees paid toward securing any health department permit are nonrefundable. 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.

Backhoe pits are required for all applications that require a soils evaluation.
DO NOT DIG PITS UNTIL THE EH SPECIALIST HAS AUTHORIZED AND SCHEDULED YOUR EVALUATION TIME.

- All utilities shall be marked before pits are dug. Call NC 811 for this service.
- The applicant/agent is responsible for securing these services.
- Backhoe pits are to be dug at the locations and depths determined by the Environmental Health Specialist or a NC Licensed Soil Scientist. A minimum of four pits must be dug.
- The EH specialist will contact you when your application is ready to be processed for pit scheduling.
- Your backhoe operator must be on site during the EH Specialist's evaluation to prevent your operator from having to return to the property for additional work.

By signing below, I am acknowledging the above specifications have been met and the site is READY to be evaluated AND I understand the backhoe pit requirement and will secure those services (if applicable).

Signature Sandra Bordwell Date 10-16-2020

Questions? Contact the Environmental Health Offices below:

Statesville Office
349 North Center Street (2nd Floor Building Standards)
Statesville, NC 28677-6363
Phone (704)878-5305 ext. 3456

Mooresville Office
610 East Center Avenue (2nd Floor Govt. Center South)
Mooresville, NC 28115-3548
Phone (704)660-3625