ICHD - ENVIRONMENTAL HEALTH DIVISION

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # AP 317146

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

PIN # 4627-93-0566

APPLICANT/OWNER: Russell Williams APPLICANT ADDRESS: 4919 E. Maiden Rd, Maiden NC 28650

SITE ADDRESS: 359 Beaten Path Rd, Mooresville NC 28117 PHONE: 980-429-1580 ALT. PHONE 704-619-1156

SITE DIRECTIONS: (W) Brawley School Rd → (R) Blume Rd → (L) Beaten Path → lot on (L) SAP CONTROLLED: ☐ YES/STAKED ☒ NO

SUBDIVISION: Shavenders Bluff SECTION: 1 LOT # 33 LOT AREA: 1.57 DESIGN FLOW: 600 gpd L.T.A.R.: EXISTING

Septic Tank	~~1250~~ (gal)	STB	Plastic	Date			
Pump Tank	1500 (gal)	PF	~~Infiltrator~~				
Pump Make		Model		Serial #			
# Nitrification Fields		# Lines		Linear Ft	EXISTING		
Trench Width	EX/ST/UNK	Trench Bottom Depth (Low side)		Gravel Depth	N/A		

☐ New System ☒ Repair ☐ Expansion System Type: I II III IV V VI

System Description: 25% Reduction (EXISTING)

Repair System Description: TANK REPLACEMENT

Maintenance Agreement Required: ☐ YES ☒ NO

☒ GRAVITY ☐ PRESSURE

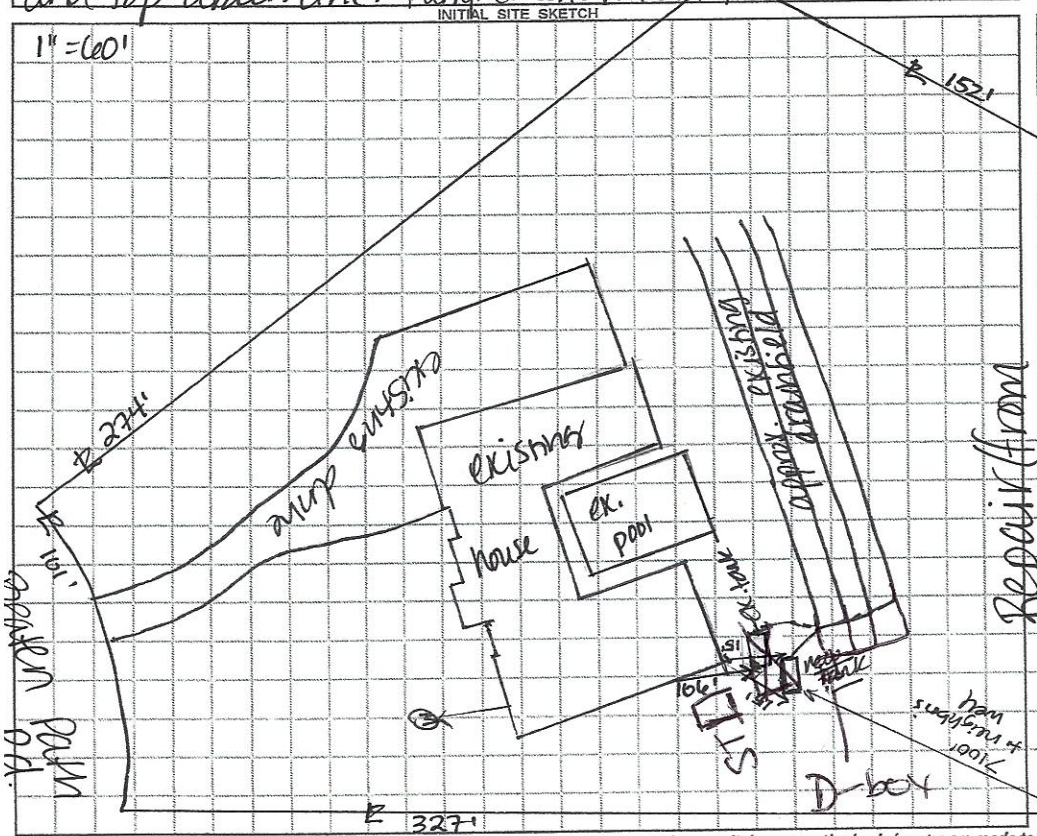
☐ Residence	No. Bedrooms	5	Water Supply
☐ Business	No. Persons	10	☐ Private
☐ Other	No. Employees		☐ Public
☐ Slab	☒ Crawl Space		☐ Community
☐ Basement w/plumbing	☐ Basement w/o plumbing		

Comments / Conditions: Tank replacement only - keep tank 15' from house, 15' from pool edge, 1min. 2' b/w tank and top drain line. Pump crush & fill old tank

Keep tank 10' from all water lines to pool (control box 15' away)

Maintain adequate fall to drainlines, stay 100' from wells.

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.

Filter installed ST - 8½ ft from house (side of house)

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: Russell Williams Date: 6-4-21 Installed by: Wastewater Solutions

IMPROVEMENT PERMIT by: D. Mebane Date: 5/4/21 OPERATION PERMIT by: Maria Solsan Date: 6/24/21

AUTHORIZATION TO CONSTRUCT by: D. Mebane Date: 5/4/21 Existing System Inspected by: Date:

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

RECEIVED APR 2 6 2021

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

Iredell County Health Department – Environmental Health Division

PAGE 1: *APPLICATION FORM* AP-317146

Repair Eval

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 (X) Custom Site Plan, scaled no more than 1 inch = 60 feet

Applicant Information: (PRINT CLEARLY)

Applicant Name: Russell Williams Address: 4919 E Maiden Rd. Maiden, NC Zip: 28650
Applicant Email: Rwilliams9534@bellsouth.net Phone: 980 429 1580 Alt. Phone:
Owner Name: Mark Harris Address: 359 Beaten Path Rd Mooresville NC Zip: 28117
Owner Email: mark.everette.harris@gmail.com Phone: 704-619-1156 Alt. Phone:

Property Information:

Street Address: 359 Beaten Path Rd Mooresville NC 28117
Subdivision Name: Shavenders Bluff Section/Phase: Lot Number: 33
Driving Directions: Brawley Sch Rd. to Blume - left on Beaten Path
go ~ 1 mi - lot on left

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

CHECK FOUNDATION TYPE

( ) New Single Family Residence — Maximum Number of Bedrooms: — ( ) Crawl Space Foundation
( ) New Multi-Family Residence — Maximum Number of Occupants: — ( ) Concrete Slab Foundation
( ) Accessory Building — ( ) Swimming Pool — ( ) Basement with Plumbing
( ) Bedroom(s) Addition — ( ) Other Addition/Structure: — ( ) Basement without Plumbing
(X) Repair to failing septic system (X) Tank ( ) Drain lines Describe Problem: Tank is cracked up, Poor Condition
Non-Residential Site Development: Type of Business:
Square Footage of Building: 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 (X) Other: New Tank

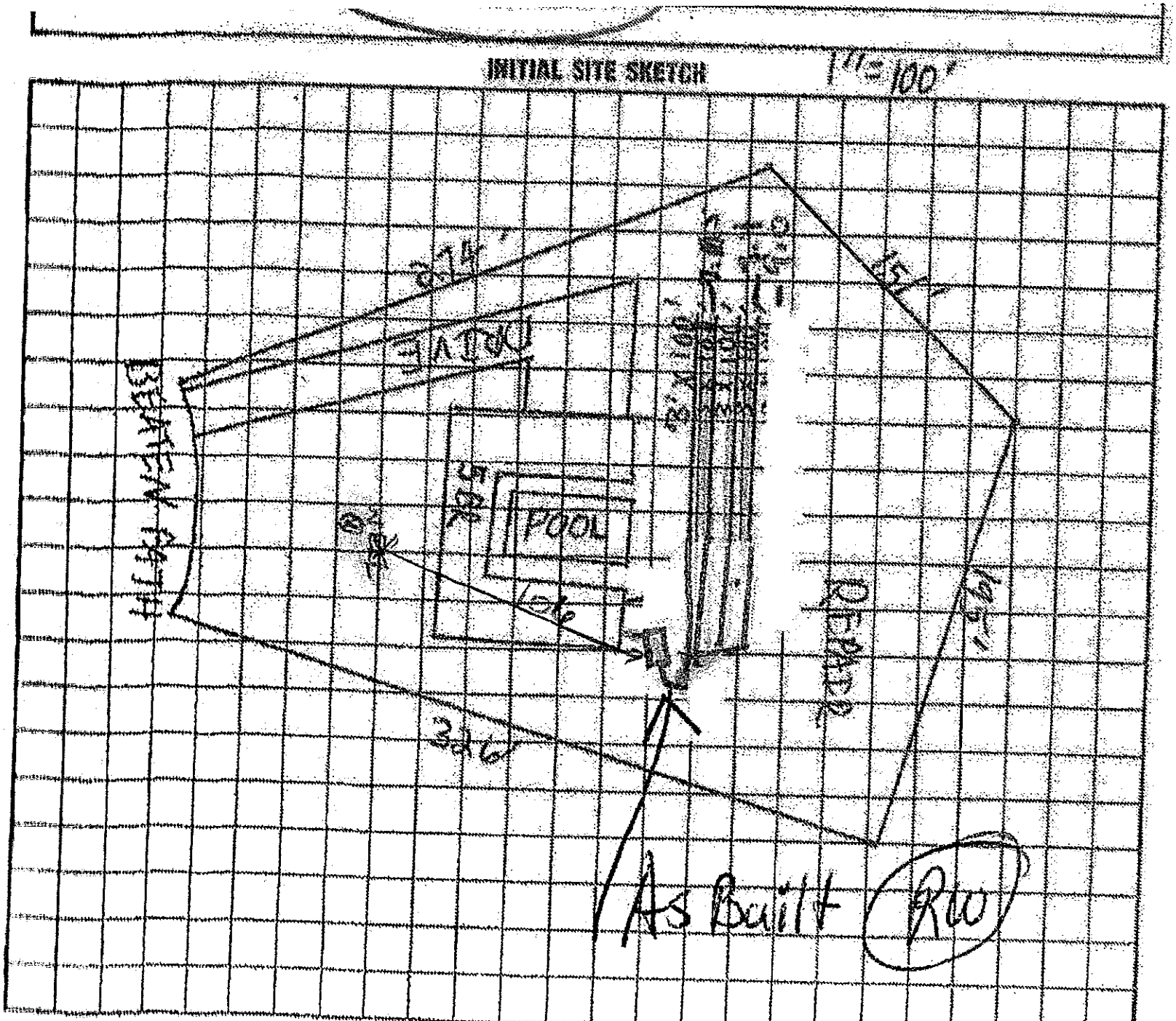
Please answer the following to the best of your ability:

( ) 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: Russell Williams 4-23-21
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

INITIAL SITE SKETCH 1"= 100'



I understand that this permit can be susponded or revoked if any false information is supplied toward securing the permit/any unauthorized changes are

Signed: Lucy L Rolle

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.

☒ 2. I, Mark Harris, am the legal owner(s) of the property located at 359 Beaten Path Rd. Mooresville, identified as PIN (Parcel Identification Number)_____, located in Iredell County, North Carolina.

I do hereby authorize (**print legal representative/company name**) Wastewater Solutions Russell Williams, 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 Harris
Signature of Owner(s)

4-23-21
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