HS

ICHD–ENVIRONMENTAL HEALTH DIVISION

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # AP314877

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

PIN # 4629.09.2027

APPLICANT/OWNER: Lentz Wastewater Mgmt APPLICANT ADDRESS: 463 Lentz Rd Statesville NC28625

SITE ADDRESS: 131 Supreme Ct Statesville NC28677 PHONE: 704-880-3435 ALT. PHONE 980-829-3278

SITE DIRECTIONS: I-77 S to Ramp 50 on Barium Ln, R on Old Mountain Rd, L on E Monbo Rd, L on St. Johns Rd, R on State Park Rd, R on Lolly Ln, R on Supreme Ct, Lot at end SAP CONTROLLED: YES NO

SUBDIVISION: Old Homestead NO2 SECTION: — LOT # 13 LOT AREA: 1 acre DESIGN FLOW: Existing L.T.A.R.: Existing

Septic Tank	1000	(gal)	STB	760	Date	10-7-2021	☐ New System	☒ Repair	☐ Expansion	System Type: I II III IV V VI	
Pump Tank	—	(gal)	PT	—	Date	—	System Description:	New tank			
Pump Make	—		Model		Serial #	—	Repair System Description:	Existing			
# Nitrification Fields	EXISTING		# Lines		Linear Ft.		Maintenance Agreement Required:	☐ YES	☒ NO		
Trench Width			Trench Bottom Depth(Low side)		Gravel Depth	Existing		☒ GRAVITY	☐ PRESSURE		

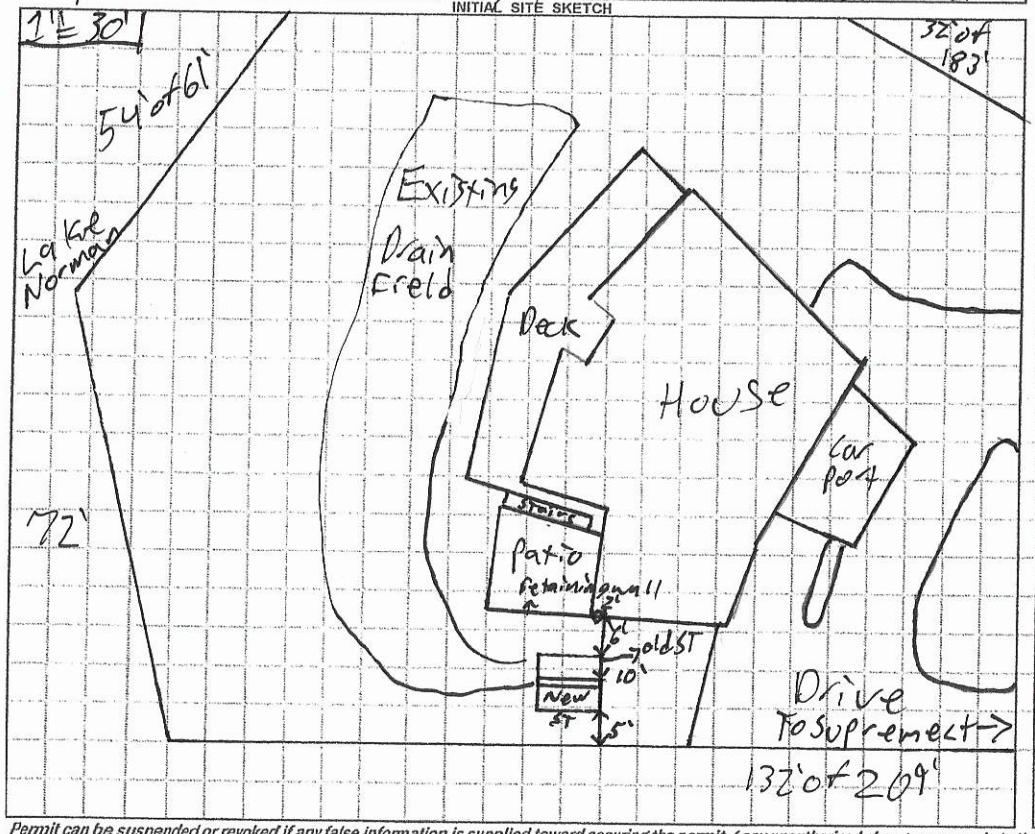
☒ Residence ☐ Business ☐ Other ☐ Slab ☒ Basement w/plumbing ☐ Crawl Space ☐ Basement w/o plumbing

No. Bedrooms Existing No. Persons Existing No. Employees

Water Supply: ☒ Private ☐ Public ☐ Community

Comments / Conditions: Pump, crush and remove old tank. If Tank is installed at 3' or deeper then it must be traffic grade. Any foundation drains along the side of the House must be removed.

INITIAL SITE SKETCH



AS BUILT SKETCH

Tank Installed as Drawn

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: Carla C. Nale (LMW) Date: 2/23/21 Installed by: Lentz

IMPROVEMENT PERMIT by: Patrick J Bagley III Date: 2/18/2021 OPERATION PERMIT by: Date: 3-12-2021

AUTHORIZATION TO CONSTRUCT by: Patrick J Bagley III Date: 2/18/2021 Existing System Inspected by: Date:

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 inspection time.

RECEIVED FEB 11 2021

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

Repair Evaluation - No Chg

1241 to

Iredell County Health Department – Environmental Health Division

PAGE 1: *APPLICATION FORM*

AP- 314872

Application For: ( ) New Well Permit ( ) Well Repair Permit ( ) Well Abandonment
( ) Septic Improvement Permit ( ) Authorization to Construct ( ) Existing System Inspection (✓) 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: Lentz Wastewater Mgmt Address: 463 Lentz Rd, Statesville Zip: 28625
Applicant Email: carla@lentzwastewater.com Phone: 704-880-3435 Alt. Phone: 980-829-3278
Owner Name: Frank Johnson Address: 131 Supreme Court Zip: 28677
Owner Email: temperature@msn.com Phone: 704-929-0863 Alt. Phone: _____

Property Information:

Street Address: 131 Supreme Court, Statesville
Subdivision Name: Old Homestead No 2 Section/Phase: 1 Lot Number: 13
Driving Directions: E Mahoo → St Johns Rd → R on Loblolly Ln → R Supreme Ct → on L

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

( ) New Single Family Residence
( ) New Multi-Family Residence
( ) Accessory Building
( ) Bedroom(s) Addition
(✓) Repair to failing septic system ✓ Tank ___ Drain lines Describe Problem: damaged tank – Patrick verified
Maximum Number of Bedrooms: 3
Maximum Number of Occupants: 6
( ) Swimming Pool
( ) Other Addition/Structure: _____

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

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 ( ) Existing Well ( ) Community Well ( ) City Water ( ) Other Public Water

Desired Septic System Type: *(you may rank in order of preference)* Year existing system installed: 1975
( ) No Preference ( ) Alternative ( ) Conventional ( ) Innovative ( ) Modified Conventional ( ) Other: _____

Please answer the following to the best of your ability:
( ) Yes (✓) No Does the site contain any jurisdictional wetlands?
( ) Yes (✓) No Is any non-domestic sewage (i.e. industrial) to be generated?
( ) Yes (✓) 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: Carla C Nicks - LWW 2-10-21
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

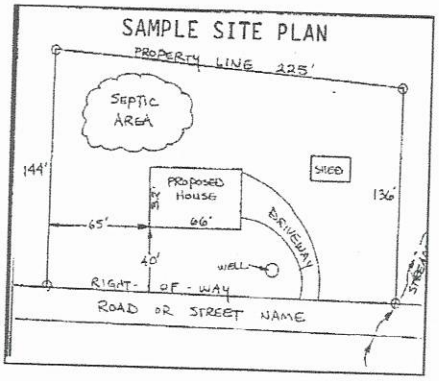
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IREDELL COUNTY HEALTH DEPARTMENT

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:

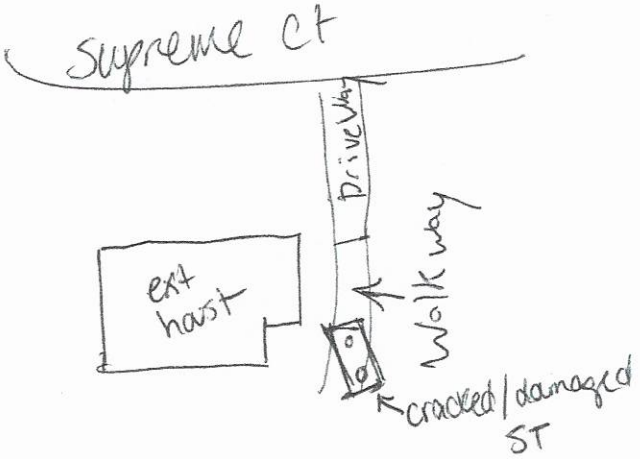
( ) **Property Line measurements are clearly identified**
( ) **All proposed structures are indicated**
( ) **Front and side setbacks from property line**
( ) **Preferred driveway location and well location**
( ) **Area you prefer your septic system to be placed**
( ) **North arrow, or other sufficient 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



Signature: Carla C. Nicks - LMW
Property owner or owner's legal representative signature (SIGNATURE REQUIRED)

2-10-21
DATE

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IREDELL COUNTY HEALTH DEPARTMENT

(SEPTIC TANK) IMPROVEMENTS PERMIT AND CERTIFICATE OF COMPLETION
(Ground Absorption Sewage Disposal System – G. S. Chapter 130-Article 13C)

OWNER OR CONTRACTOR Stafford R. Peebles DATE 9-3-75 PERMIT NO. _____

PHONE: Business _____ Home _____

LOCATION Turn on E. Mombo Rd. at Troutman. T.L. on 1402 at Bethel Church. House on Lake Near End of Road

SUBDIVISION NAME Homestead #2 LOT NO. 13 SECTION OR BLOCK NO. _____ S. R. No. _____

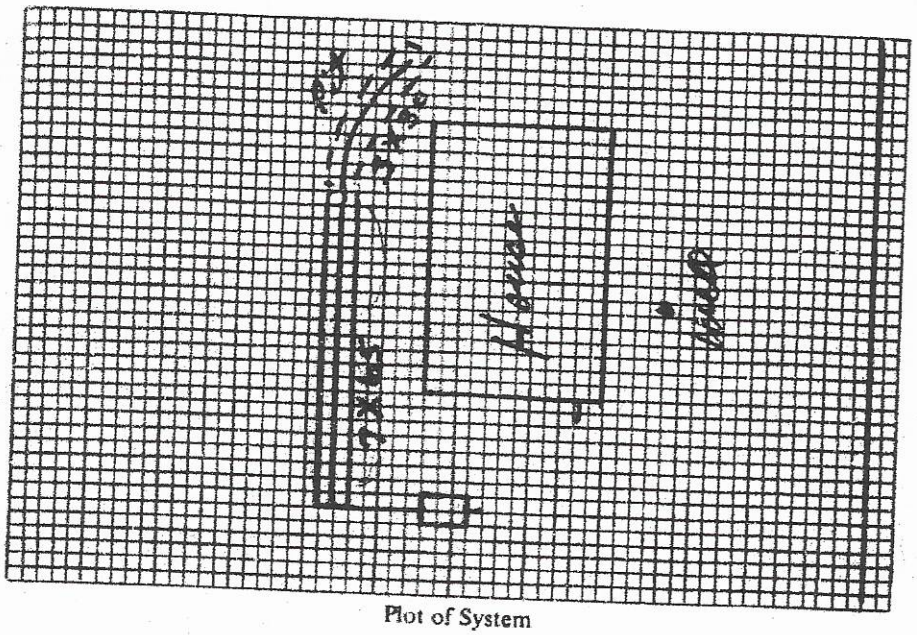
House (✓) Mobile Home ( ) Business ( ) Other _____

No. Bedrooms 3 No. Bathrooms 2

Garbage Disposal Unit	Yes ( )	No (✓)
Auto. Dishwasher	Yes (✓)	No ( )
Auto. Wash. Machine	Yes (✓)	No ( )
Site Suitable	Yes (✓)	No ( )

Lot Area 20,000 Sq ft

Character & Porosity of Soil Cecil Clay
Percolation Rate _____
Topography Slope to Lake
Depth to Water Table Low
Rock or other impervious formations _____



Plot of System

Size of Tank 1000 Gals.
Nitrification Field:
No. of Lines as Sketched
Sq. Ft. 545 Linear Ft. 225
Depth of Stone in Lines _____
Water Supply: Individual (✓)
Public ( )

Installed by Harlan Lackey

IMPROVEMENTS PERMIT BY _____

COMMENTS: Subsurface rock hit in ditch. Impossible to put in full size system. Extra Stone used (8 Ton) Should work with Normal usage. If trouble should develop later another type sewage system will need to be Considered.

CERTIFICATE OF COMPLETION BY Ed A. Stevenson DATE 9-3-75

CONSTRUCTION MUST COMPLY WITH ALL OTHER APPLICABLE STATE AND LOCAL REGULATIONS.

Health Dept. Copy: White Inspection Dept. Copy: Yellow Sanitarian's Copy: Pink Owner's Copy: Gold

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, Frank Johnson, am the legal owner(s) of the property located at 131 Supreme Court, identified as PIN (Parcel Identification Number) 4629092027.000, located in Iredell County, North Carolina.

I do hereby authorize (**print legal representative/company name**) Carla Nicks, Lentz Wastewater Management, Inc. 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.

Frank L Johnson — Signature of Owner(s)

02 / 10 / 2021 — 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

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