# ICHD - ENVIRONMENTAL HEALTH DIVISION

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # AP 321511

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

PIN # 4629 --50 --9989

APPLICANT/OWNER: Michael Honeycutt APPLICANT ADDRESS: 189 Penicillin Point, Troutman, NC 28166

SITE ADDRESS: 189 Penicillin Point Troutman NC 28166 PHONE: 704-880-5661 ALT. PHONE

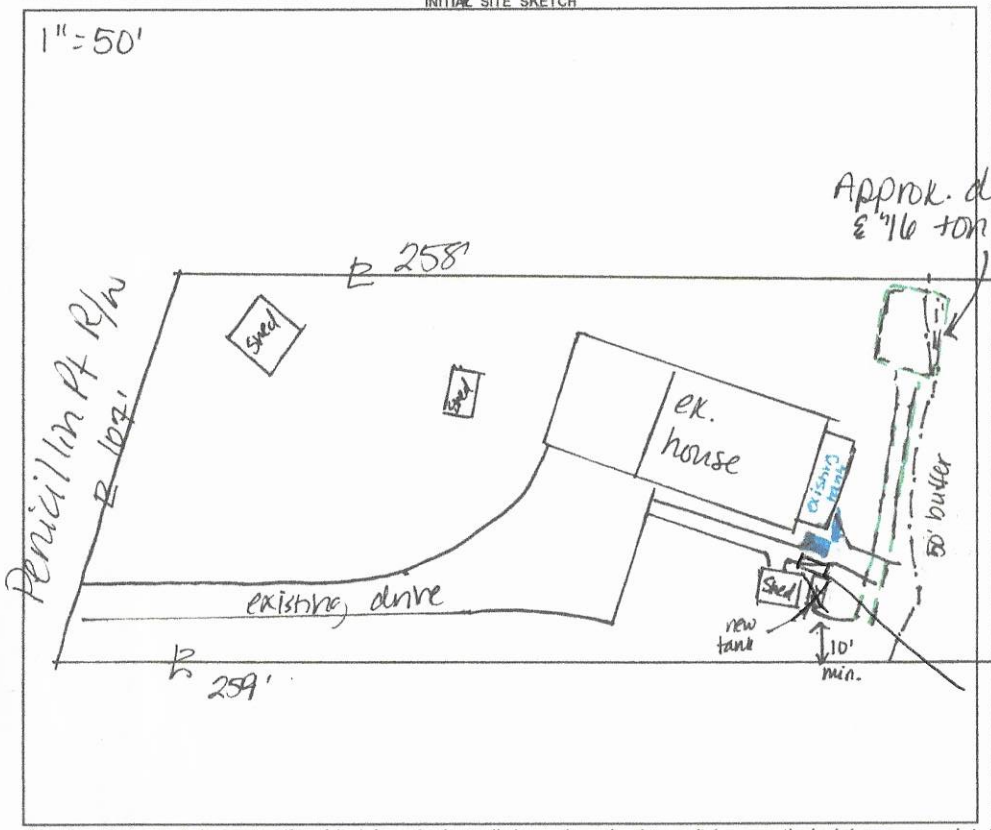
SITE DIRECTIONS: (N) Perth → (L) State Park → (L) Morrison Farm → (R) Penicillin Pt → lot on (L) SAP CONTROLLED: [X] YES [ ] NO

SUBDIVISION: Lakeview Acres SECTION: N/A LOT # 7-10 LOT AREA: 0.60 ac DESIGN FLOW: EXISTING L.T.A.R.: EXISTING

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| Septic Tank 1000 (gal) | ST Plastic | Date Infiltr | [ ] New System [X] Repair [ ] Expansion System Type: I (II) III IV V VI | [X] Residence | No. Bedrooms EXISTING | Water Supply |
| Pump Tank (gal) | PT | Date | System Description: EXISTING | [ ] Business | No. Persons | [ ] Private |
| Pump Make | Model | Serial # | Repair System Description: New Tank | [ ] Other | No. Employees | [ ] Public |
| # Nitrification Fields | # Lines EXISTING | Linear Ft: | Maintenance Agreement Required: [ ] YES [X] NO | [ ] Slab | [ ] Crawl Space | [X] Community |
| Trench Width | Trench Bottom Depth (Low side) | Gravel Depth EXISTING | [X] GRAVITY [ ] PRESSURE | [X] Basement w/plumbing | | [ ] Basement w/o plumbing |

Comments / Conditions: Pump, crush & fill old tank. Replace distribution device if necessary. May be next to small shed - no foundation to building. Maintain full & equally distribution to lines. Keep ST at least 5ft from shed if possible

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: Michael Honeycutt Date: 9-23-21 Installed by: (Russell Williams) Wastewater Solutions

IMPROVEMENT PERMIT by: D. Wieberg Date: 9/22/21 OPERATION PERMIT by: Maria Dotson Date: 10/12/21

AUTHORIZATION TO CONSTRUCT by: D. Wieberg Date: 9/22/21 Existing System Inspected by: Date:

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

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RECEIVED SEP 1 5 2021

# APPLICATION MUST BE FILLED OUT COMPLETELY & BE LEGIBLE
## OR IT WILL NOT BE PROCESSED
## Iredell County Health Department – Environmental Health Division

DW

Repair EXCel

**PAGE 1: *APPLICATION FORM*** AP-32151

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

**Applicant Information:** **(PRINT CLEARLY)**

TROUTMAN, NC

Applicant Name: MICHAEL HONEYCUTT Address: 189 PENICILLIN PT. Zip: 28166
Applicant Email: HONEYCUTTMICHAE@BELLSOUTH.NET Phone: 704-880-5661 Alt. Phone: _____
Owner Name: _____ Address: _____ Zip: _____
Owner Email: _____ Phone: _____ Alt. Phone: _____

**Property Information:**

Street Address: 189 PENICILLIN PT. TROUTMAN NC 28166
Subdivision Name: _____ Section/Phase: _____ Lot Number: _____
Driving Directions: _____

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

( ) New Single Family Residence
( ) New Multi-Family Residence
( ) Accessory Building
( ) Bedroom(s) Addition
(X) Repair to failing septic system X Tank ___ Drain lines Describe Problem: INSPECTION SAID TANK HAS ISSUES
Non-Residential Site Development: Type of Business: _____
Square Footage of Building: _____ Max. Number of Employees: _____ Max. Number of Seats/Beds/Other: _____

Maximum Number of Bedrooms: 3
Maximum Number of Occupants: _____
( ) Swimming Pool
( ) Other Addition/Structure: _____

**CHECK FOUNDATION TYPE**

(X) Crawl Space Foundation
( ) Concrete Slab Foundation
( ) Basement with Plumbing
(X) Basement without Plumbing

**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: _____
(X) 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.*

DocuSigned by:
**Signature:** David Michael Honeycutt 9/14/2021
0992AB6163704E6...
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

DocuSign Envelope ID: 29D1AA3D-DDC1-4EE3-9AE6-8965BF6355CD

# 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*) DocuSigned by: David Michael Honeycutt 0932A86163704E6...

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, MICHAEL HONEYCUTT, am the legal owner(s) of the property located at 189 PENICILLIN PT. TROUTMAN NC 28166, identified as PIN (Parcel Identification Number) 4629-50-9989.000 located in Iredell County, North Carolina.

I do hereby authorize (**print legal representative/company name**) DWAYNE OGLES, EXP REALTY LLC, 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.

DocuSigned by: David Michael Honeycutt 0932A86163704E6... Signature of Owner(s) — 9/14/2021 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

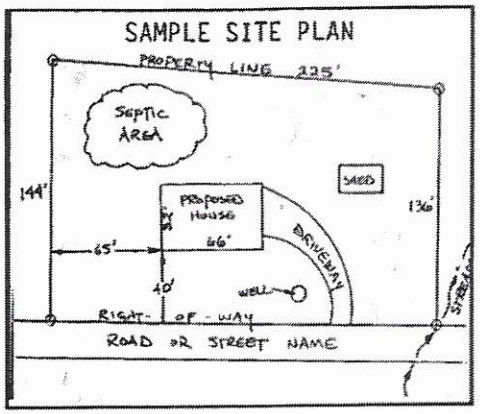
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# IREDELL COUNTY HEALTH DEPARTMENT

## *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:** DocuSigned by: David Michael Honeycutt 0952A8616370...

**Property owner or owner's legal representative signature (SIGNATURE REQUIRED)**

9/14/2021

**DATE**

**Certificate of Survey and Accuracy**

I, Carl S. Henline, certify that this plat was drawn under my supervision from an actual survey made under my supervision (deed description recorded in Plat Book 6, Page 71) ; that the boundaries not surveyed are clearly indicated as drawn from information found in as shown Book___615___, Page __747__; that the ratio of precision as calculated is 1:10,000 + ; that this plat was prepared in accordance with G.S. 47-30 as amended.

Witness my original signature, registration number and seal this 3rd day of September, A.D. 2021.

Carl S Henline P.L.S. L-2658

NORTH CAROLINA PROFESSIONAL SEAL L-2658 LAND SURVEYOR CARL SHELTON HENLINE

This is to certify that the property is located within a 100 year flood plain.

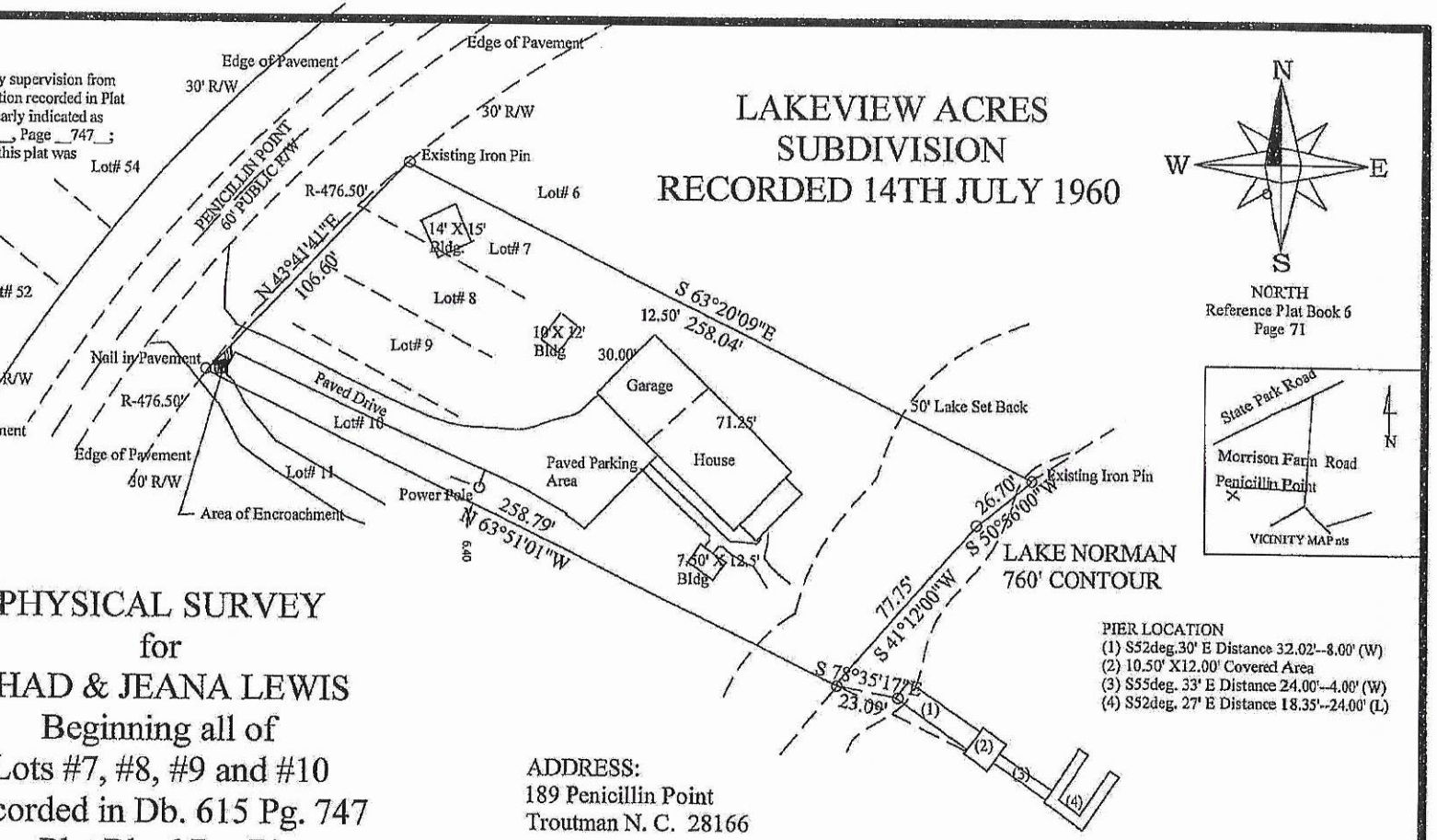
Carl S. Henline PLS, L2658 September 03,. 2021

This property is subject to all other Rights of Ways and Easements of record.

DATA:
Total Acreage: .62+/-
Lot #7-10 Parcel # 4629509989.000
Zoning: R20
Flood Panel:
Panel Date:
Watershed: Lake Norman
Job Date: September 03, 2021
Job File: 189penicilinpt08182021

| | |
|---|---|
| WV | Water Valve |
| LP | Light Pole |
| PKS | PK Nail Set |
| PKF | PK Nail Found |
| WM | Water Meter |
| YI | Yard Inlet |
| CM | Concrete Monument |
| MH | Manhole |
| PB | Power Box |
| FC | Fence Corner |
| SC | Sewer Cover |

# PHYSICAL SURVEY
for
CHAD & JEANA LEWIS
Beginning all of
Lots #7, #8, #9 and #10
Recorded in Db. 615 Pg. 747
Plat Bk. 6 Pg. 71
Fallstown Township
Iredell County. North Carolina




ADDRESS:
189 Penicillin Point
Troutman N. C. 28166

50 0 50 100 150
GRAPHIC SCALE – FEET

Carl Henline PLS
1991 Maiden-Salem Rd.
Maiden N.C. 28650

## 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 MIKE HONEYCUTT DATE 9-27-91 PERMIT NO. _____

PHONE: Business _____ Home _____

LOCATION Morrison Farm Rd. off State Park Rd. - T.R. on Penicillin Point Rd. go 1/4 mile on left. S. R. No. _____

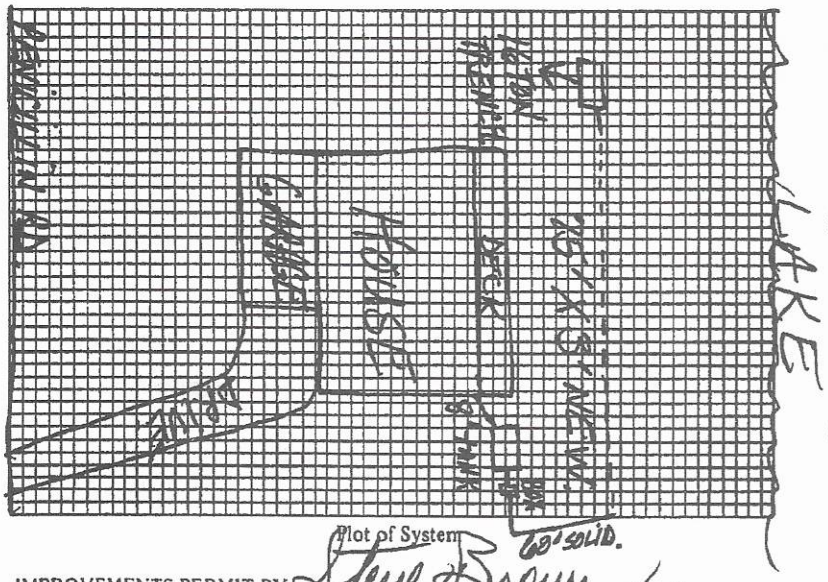
SUBDIVISION NAME _____ LOT NO. _____ SECTION OR BLOCK NO. _____

House (✓) Mobile Home ( ) Business ( ) Other Repair.

No. Bedrooms _____ No. Bathrooms _____
Garbage Disposal Unit Yes ( ) No ( )
Auto. Dishwasher Yes ( ) No ( )
Auto. Wash. Machine Yes ( ) No ( )
Site Suitable Yes (✓) No ( )
Lot Area Ample.

Character & Porosity of Soil _____
Percolation Rate _____
Topography _____
Depth to Water Table Repair.
Rock or other impervious formations _____

_____ Basement with Plumbing _____ Basement without Plumbing _____ No Basement



Plot of System

Size of Tank EXISTING. Gals.
Nitrification Field:
No. of Lines 2
Sq. Ft. 225 Lineal Ft. 75
Depth of Stone in Lines 12
Water Supply: Individual ( ) Public (✓)
16 TON SUBSURFACE TRENCH INSTALLED AT END.
Installed by Donald Lackey

I understand and agree to install septic tank system as specified on this Improvements Permit.

Signed: _____

IMPROVEMENTS PERMIT BY Steve Brown

COMMENTS: Old drain lines abandoned.

CERTIFICATE OF COMPLETION BY Steve Brown DATE 9-27-91

EXISTING SYSTEM CHECKED BY: _____ DATE _____

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

Permit is VOID if any unauthorized changes are made in installation of system and/or if any false information is supplied in making Improvements Permit.

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