ICHD - ENVIRONMENTAL HEALTH DIVISION

Statesville Office (704) 878-5305 x3456 | Mooresville Office (704) 660-3625 (356)

PERMIT: AP - 323746

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

PIN # 4629 -- 79 -- 2210

APPLICANT/OWNER: TOM & JULIE SEARS

APPLICANT ADDRESS: 6848 MCDEVITT COURT, DUBLIN, OHIO, 43017

SITE ADDRESS: 412 WILDLIFE ROAD, TROUTMAN, N.C. 28166

PHONE: 614-205-5498 ALT. PHONE 614-214-9717

SITE DIRECTIONS: (B) ON 21, (R) ON PERTH, (R) ON STATE PARK, (L) ON WILDLIFE, LOT ON (R)

SAP CONTROLLED: ☐ YES ☐ ~~NO~~ EXT

SUBDIVISION: CL+T

SECTION: 18 LOT # 802 LOT AREA: 1.24 AC

DESIGN FLOW: 360 GPD L.T.A.R.: EXT

Septic Tank	1000 (gal)	STB	760	Date	12-14-2021	☐ New System	☑ Repair ☐ Expansion
Pump Tank	– (gal)	PT	–	Date	–	System Type:	I II (III) IV V VI
Pump Make	–	Model	–	Serial #	–	System Description:	EXT - 50% REDUCTION
# Nitrification Fields	EXT /	# Lines	EXT 4	Linear Ft	EXT 200 FT	Repair System Description:	TANK REPLACEMENT
Trench Width	EXT	Trench Bottom Depth(Low side)	EXT	Gravel Depth	–	Maintenance Agreement Required:	☐ YES ☑ NO
							☑ GRAVITY ☐ PRESSURE

☑ Residence ☐ Business ☐ Other ☐ Slab ☐ Basement w/ plumbing GRINDER PUMP ☐ Basement w/o plumbing

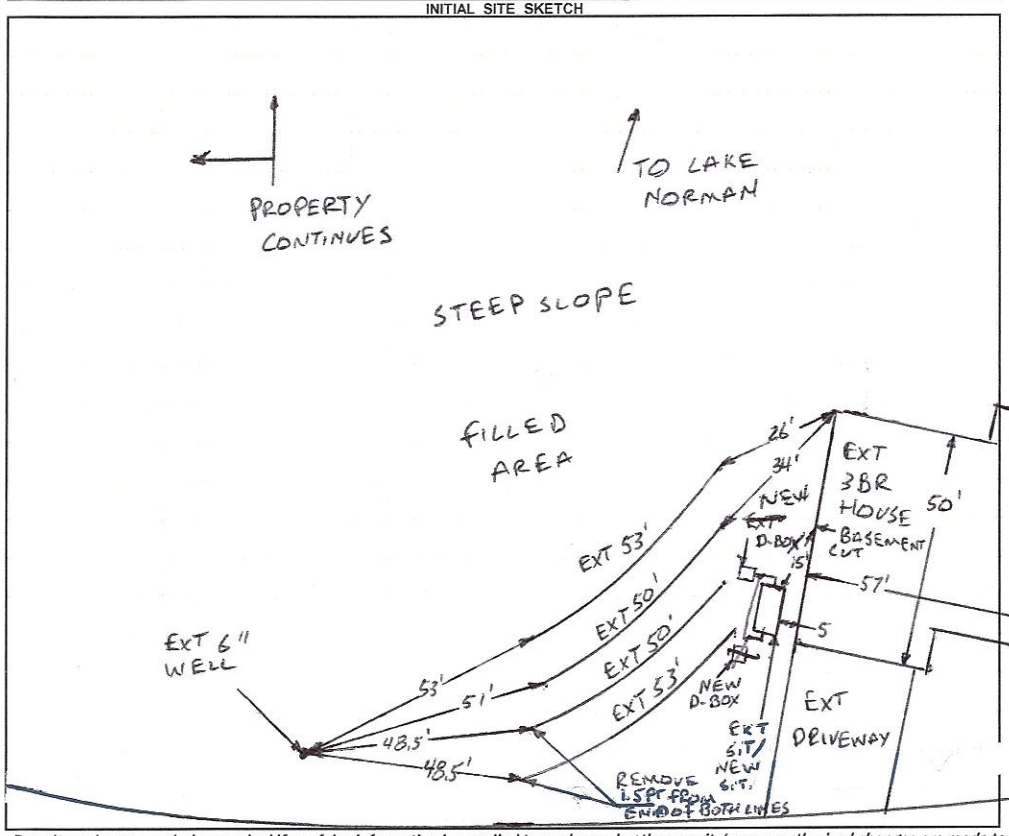
No. Bedrooms 3 | No. Persons 6 | No. Employees – | ☐ Crawl Space

Water Supply: ☑ Private EXT ☐ Public ☐ Community

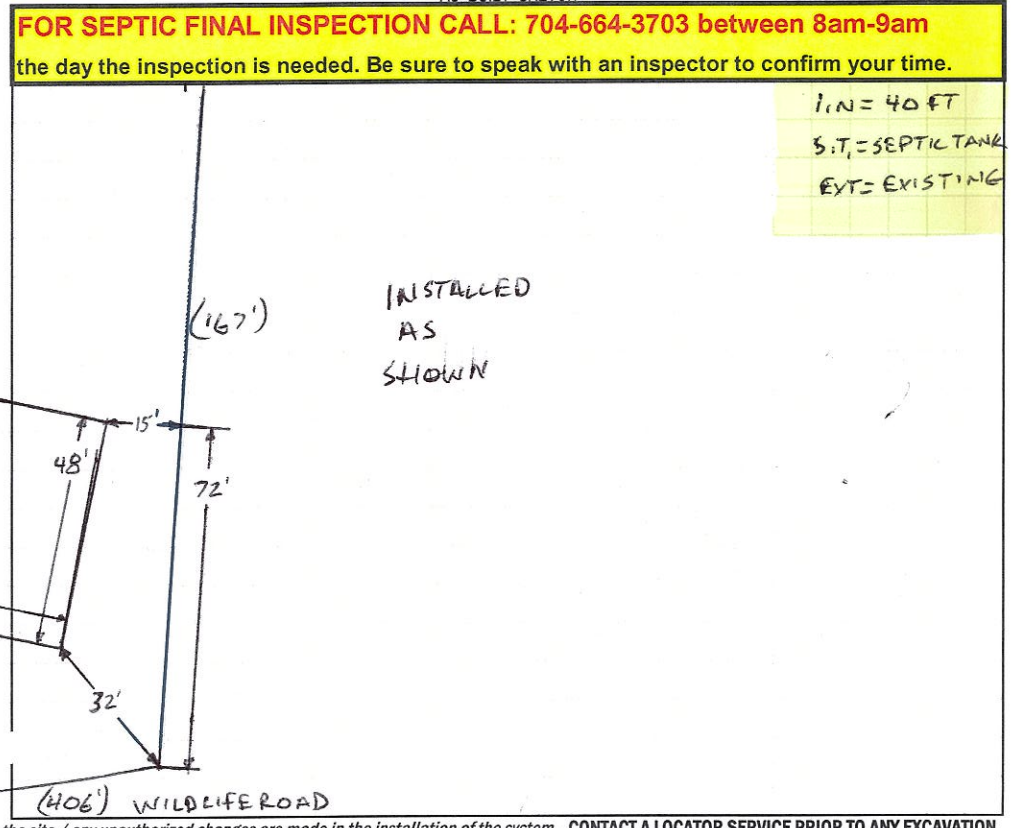
Comments / Conditions: PUMP, CRUSH, AND REMOVE EXISTING TANK, NEW TANK TO GO BACK IN SAME SPOT, MAINTAIN FALL TO DRAINFIELD WHILE LOWERING TANK TO GAIN FALL FROM TANK

ALL DRAINLINES MUST MEET 50ft SET-BACK FROM WELL, REMOVE ± 1.5ft FROM BOTH UPPER DRAINLINES TO MEET SET-BACK SYSTEM ORIGINALLY INSTALLED UNDER POWERLINE

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**

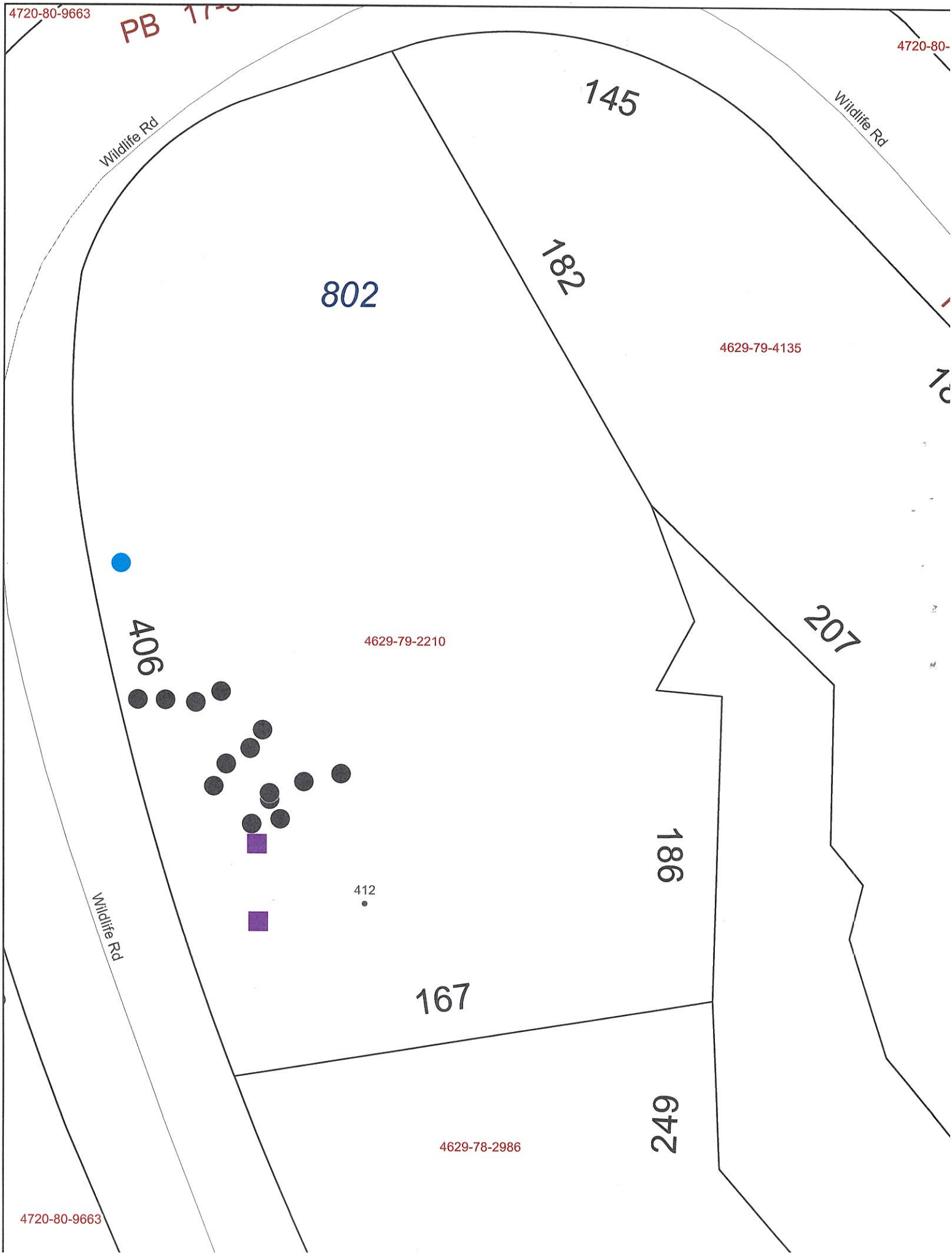
☐ **IMPROVEMENT PERMIT** *with plat valid without expiration.* ☑ **IMPROVEMENT PERMIT** *with site plan valid for 60 mos.* ☑ **AUTHORIZATION TO CONSTRUCT** *valid for period equal to IMPROVEMENT PERMIT--not to exceed 60 mo.*

Owner / Applicant Signature: Carolee C. Nicks Date: 1-13-22 Installed by: LENTZ WASTEWATER

IMPROVEMENT PERMIT by: Bryant C. White Date: 1-13-2022 OPERATION PERMIT by: Bryant C. White Date: 2-10-2022

AUTHORIZATION TO CONSTRUCT by: Bryant C. White Date: 1-13-2022 Existing System Inspected by: Date:

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


4720-80-9663
PB
4720-80-
Wildlife Rd
145
Wildlife Rd
802
182
4629-79-4135
406
4629-79-2210
207
186
412
Wildlife Rd
167
249
4629-78-2986
4720-80-9663

DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF PUBLIC HEALTH, ENVIRONMENTAL HEALTH SECTION
ON-SITE WATER PROTECTION BRANCH

Sheet ____ *of* ____
PROPERTY ID #: _____
COUNTY: _____

SOIL/SITE EVALUATION
***for* ON-SITE WASTEWATER SYSTEM**
(Complete all fields in full)

OWNER: _____ APPLICATION DATE _____
ADDRESS: _____ DATE EVALUATED: 1-6-21
PROPOSED FACILITY: _____ PROPOSED DESIGN FLOW (.1949): _____ PROPERTY SIZE: _____
LOCATION OF SITE: 412 Wildlife, PROPERTY RECORDED: _____
WATER SUPPLY: ☐ Private ☐ Public ☐ Well ☐ Spring ☐ Other _____
EVALUATION METHOD: ☐ Auger Boring ☑ Pit ☐ Cut TYPE OF WASTEWATER: ☐ Sewage ☐ Industrial Process ☐ Mixed

PROFILE #	.1940 LANDSCAPE POSITION/ SLOPE %	HORIZON DEPTH (IN.)	SOIL MORPHOLOGY (.1941) .1941 STRUCTURE/ TEXTURE	SOIL MORPHOLOGY (.1941) .1941 CONSISTENCE/ MINERALOGY	OTHER PROFILE FACTORS .1942 SOIL WETNESS/ COLOR	OTHER PROFILE FACTORS .1943 SOIL DEPTH	OTHER PROFILE FACTORS .1956 SAPRO CLASS	OTHER PROFILE FACTORS .1944 RESTR HORIZ	PROFILE CLASS & LTAR
1		0-16	FILL	MIXED	Heavy Sap inc.				P.S .3 after fill is Removed
		16-40	C/SBK	S, P, FR					
		40-52	CL/WSBK	FR					
2		0-57	FILL	MIXED					U
3									
4									

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)		
System Type(s)		
Site LTAR		

OTHER FACTORS (.1946): _____
SITE CLASSIFICATION (.1948): _____
EVALUATED BY: _____
OTHER(S) PRESENT: _____

COMMENTS: _____

X

BW

RECEIVED DEC 0 8 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-323746 Repair eval

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: Tom Sears **Address:** 6848 McDevitt Ct., Dublin, OH **Zip:** 43017

Applicant Email: tom.sears@outlook.com **Phone:** 614-205-5498 **Alt. Phone:** 614-205-5498

Owner Name: Tom and Julie Sears **Address:** 6848 McDevitt Ct., Dublin, OH **Zip:** 43017

Owner Email: tom.sears@outlook.com **Phone:** 614-205-5498 **Alt. Phone:** 614-214-9717

****

Property Information:

Street Address: 412 wildlife rd, Troutman, NC 28166

Subdivision Name: n/a **Section/Phase:** _____ **Lot Number:** _____

Driving Directions: right off state park road near entrance to lake norman state park

****

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

( ) New Single Family Residence
( ) New Multi-Family Residence
( ) Accessory Building
( ) Bedroom(s) Addition

Maximum Number of Bedrooms: 4
Maximum Number of Occupants: 10
( ) Swimming Pool
( ) Other Addition/Structure: _____

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

(x) Repair to failing septic system _x_ Tank _x_ Drain lines **Describe Problem:** tank isn't deep enough in ground. Water flow is restricted.

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:** 2005
( ) No Preference ( ) Alternative (x) 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 ( ) 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

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, Julie Sears, am the legal owner(s) of the property located at 412 Wildlife Rd, Troutman, identified as PIN (Parcel Identification Number) 4162978210, located in Iredell County, North Carolina.

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

Julie M. Sears
Signature of Owner(s)

01 / 13 / 2022
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

Doc ID: 0cfc43c391127f5b4ad92008f7e28f13f131b003

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, _____, am the legal owner(s) of the property located at _____, 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.

_____ _____

Signature of Owner(s) Date

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: Jon W. Dean 12/8/2021

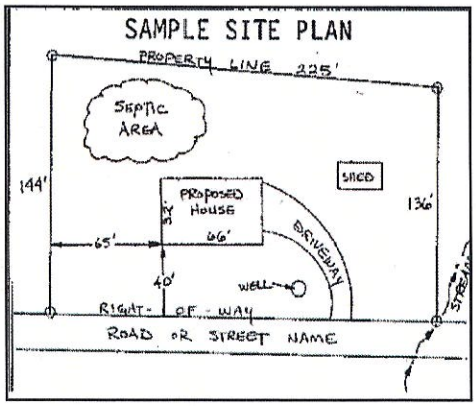
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) **DATE**

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:

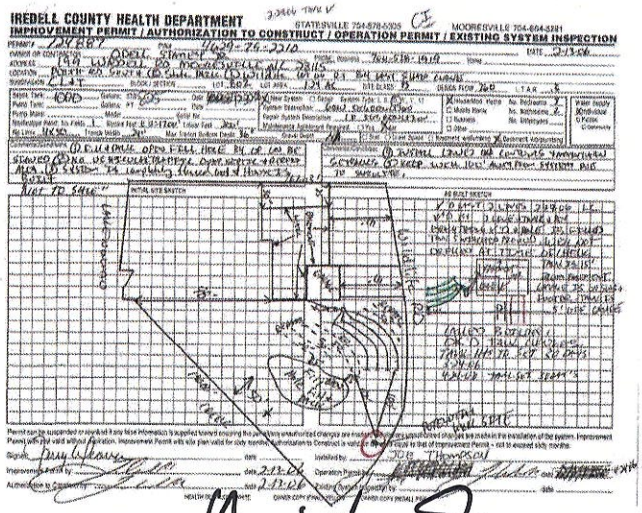
( ) **Property Line measurements are clearly identified**
( ) **All proposed structures are indicated**
( ) **Front and side setbacks from property line**
( ) **Preferred driveway location and well location**
( ) **Area you prefer your septic system to be placed**
( ) **North arrow, or other sufficient 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: Jon W. Dean 12/8/2021

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

2-24-06 TANK V. CI

IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 124887 PIN# 4629-79-2210 DATE 2-13-06

OWNER OR CONTRACTOR ODELL STANLEY JR PHONE: Business 704-528-1919 Home

ADDRESS 149 WADDELL RD MOORESVILLE NC 28115

LOCATION PERTH RD SOUTH (R) State Park (L) Wildlife LOT ON RT BY LAST SHARP CURVE

SUBDIVISION CL+T BLOCK / SECTION LOT 502 LOT AREA 1.24 AC SITE CLASS PS DESIGN FLOW 360 L.T.A.R. .3

Septic Tank: 1000 Gallons; STB 825 Date 2-24-06 ☒ New System ☐ Repair System Type: I, II, III, IV, V, VI

Pump Tank: Gallons; PT Date

Pump Make: Model Serial No.

Nitrification Field: No Fields 1 Square Feet E @ 1200' Linear Feet 2400'

No Lines 4x50' Trench Width 24" Max Trench Bottom Depth 36" Gravel Depth N/A

System Description: 600 SQ FT REDUCTION

Repair System Description: LP SYS. REDUCTION

Maintenance Agreement Required: ☐ Yes ☒ No

☒ House/Mod. Home No. Bedrooms 3
☐ Mobile Home No. Bathrooms 2
☐ Business No. Employees
☐ Other

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

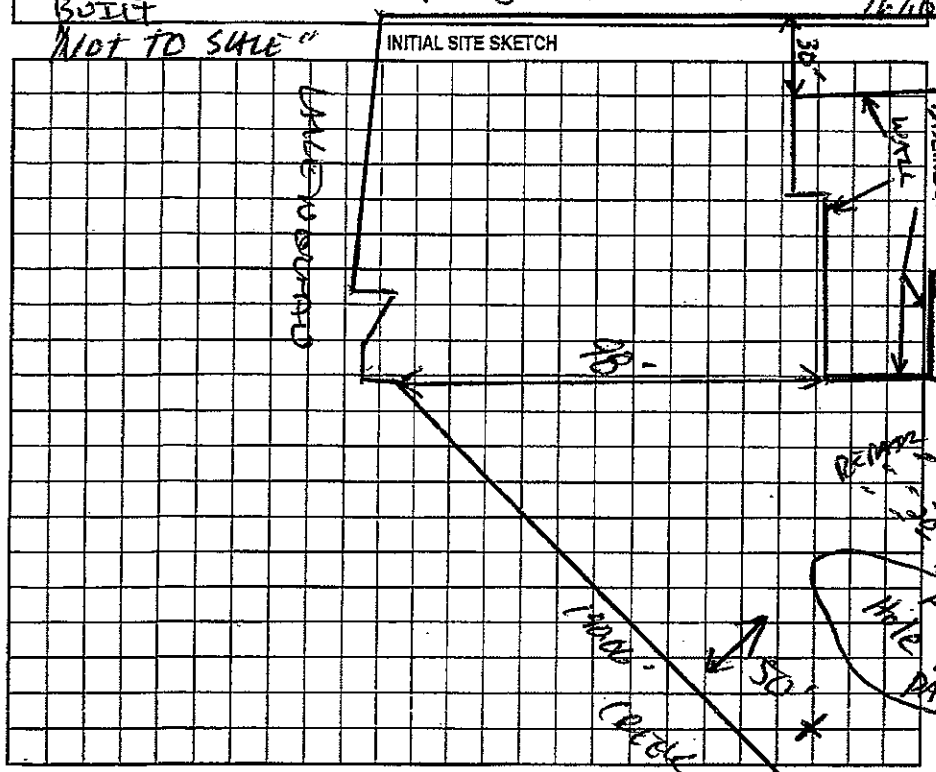
Water Supply: ☒ Individual ☐ Public ☐ Community

Comments/Conditions: (1) FILL & PACK OPEN FILL HOLE BY OF CAN BE SEEDED (2) NO VEHICULAR TRAFFIC OVER SEPTIC & RESERVE AREA. (3) SYSTEM IS completely flossed out & HOUSE IS BUILT 1.1.03

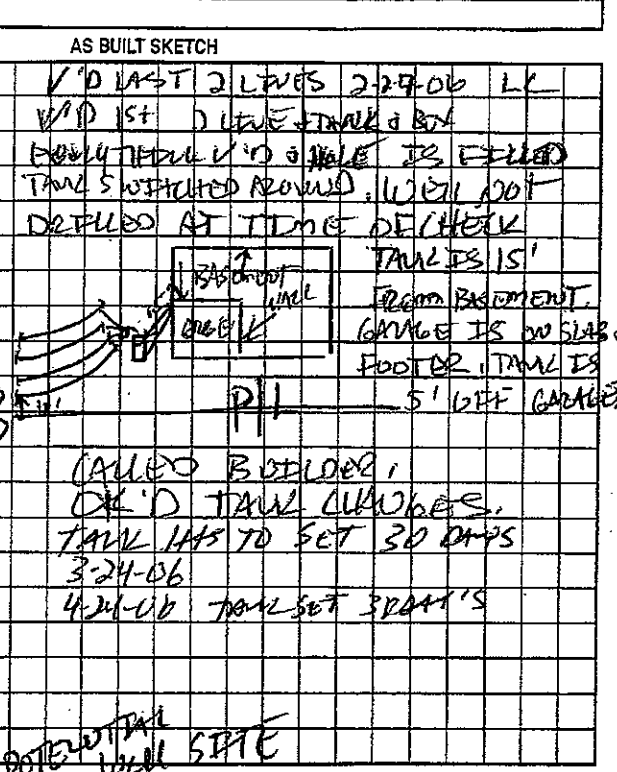
"NOT TO SCALE"

Comments/Conditions: (4) INSTALL LINED OD LOW FLOWS & MAINTAIN SETBACKS (5) KEEP WELL 100' MIN FROM SYSTEM DOE TO SAPROLITE,

INITIAL SITE SKETCH



AS BUILT SKETCH



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. Improvement Permit with plat valid without expiration. Improvement Permit with site plan valid for sixty months. Authorization to Construct is valid for a period equal to that of Improvement Permit – not to exceed sixty months.

Signed: Jerry Weaver date Installed by: JOE THOMPSON

Improvement Permit by: date 2-13-06 Operation Permit by: date 4-24-06

Authorization to Construct by: date 2-13-06 Existing System Inspection by: date

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