ICHD - ENVIRONMENTAL HEALTH DIVISION

Statesville Office (704) 878-5305 | Mooresville Office (704) 660-3625 (CW) | PERMIT # AP 323214

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

PIN # 4635 -- 36 -- 9733

APPLICANT/OWNER: Kenn Guerette | APPLICANT ADDRESS: 2510 Waverly St Charleston SC 29492

SITE ADDRESS: 583 Isle of Pines Rd Mooresville NC 28117 | PHONE: 910-368-2615 | ALT. PHONE

SITE DIRECTIONS: (N) Brawley School Rd → (L) Isle of Pines → lot on (L)

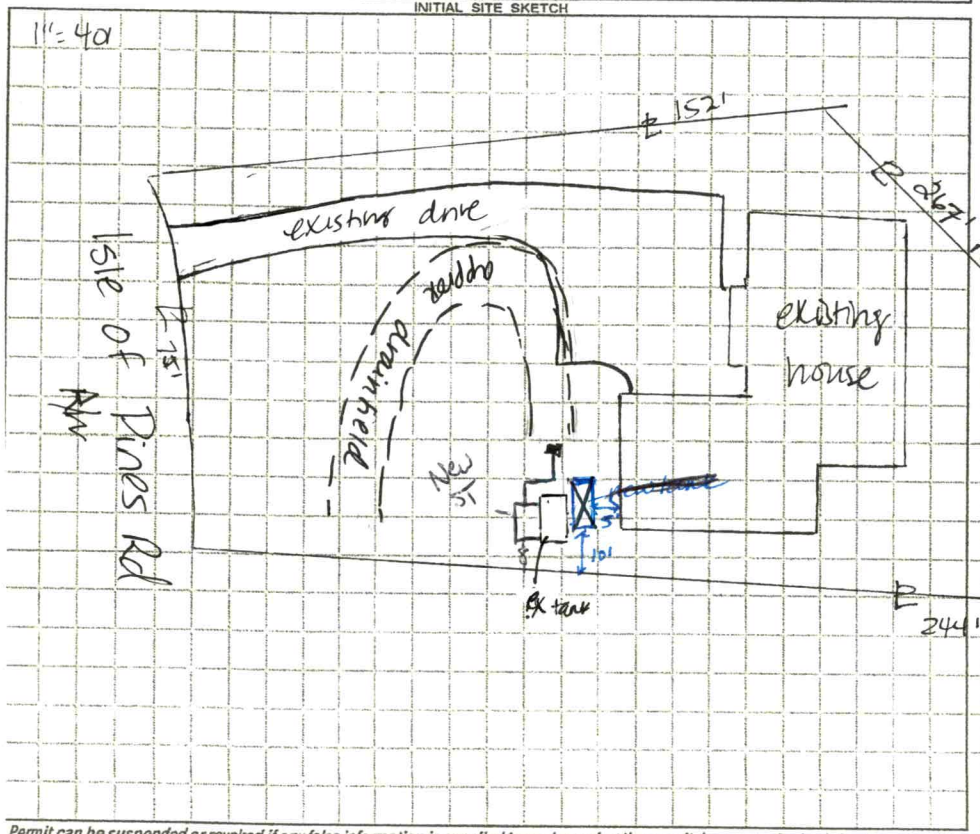
SUBDIVISION: Isle of Pines | SECTION: — | LOT # 2 | LOT AREA: ± 0.53 ac | SAP CONTROLLED: [X] YES / [ ] NO | DESIGN FLOW: 360 gpd | L.T.A.R.: EXISTING

Septic Tank 1000 (gal)	STB 760	Date 11-7-21	[ ] New System [X] Repair [ ] Expansion	System Type: I II III IV V VI	[X] Residence	No. Bedrooms 3	Water Supply
Pump Tank (gal)	PT	Date	System Description: Existing		[ ] Business	No. Persons 6	[ ] Private
Pump Make	Model	Serial #	Repair System Description: Tank Replacement		[ ] Other	No. Employees	[ ] Public
# Nitrification Fields	# Lines	Linear Ft	Maintenance Agreement Required: [ ] YES [X] NO		[ ] Slab	[X] Crawl Space	[ ] Community
Trench Width EXISTING	Trench Bottom Depth (Low side)	Gravel Depth	[X] GRAVITY [ ] PRESSURE		[ ] Basement w/plumbing		[ ] Basement w/o plumbing

Comments / Conditions: Pump, crush & fill existing tank. Maintain 10' off property line, replace distribution device if necessary

Replace distribution device if necessary, set tank to achieve fall, stay 10' off property line.

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: Carla C. Vela | Date: 12/1/21 | Installed by: Lentz

IMPROVEMENT PERMIT by: D. Mieberg | Date: 11/23/21 | OPERATION PERMIT by: Cary Whitt | Date: 12/21/21

AUTHORIZATION TO CONSTRUCT by: D. Mieberg | Date: 11/23/21 | Existing System Inspected by: | Date:

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

RECEIVED NOV 17 2021

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

DW

Iredell County Health Department – Environmental Health Division

PAGE 1: *APPLICATION FORM* AP-328214 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 ( ) Custom Site Plan, scaled no more than 1 inch = 60 feet

Applicant Information: (PRINT CLEARLY)

Applicant Name: Kevin Gueretta **Address:** 2510 Waverly St Charlotte SC **Zip:** 29492
Applicant Email: GuerretteKS@ATT.NET **Phone:** 610-368-2615 **Alt. Phone:**
Owner Name: Kevin Gueretta **Address:** 2510 Waverly St Charlotte SC **Zip:** 29492
Owner Email: GuerretteKS@ATT.NET **Phone:** 610-368-2615 **Alt. Phone:**

Property Information:

Street Address: 593 Isle of Pines RD
PARCEL 4635369733
Subdivision Name: Isle of Pines **Section/Phase:** **Lot Number:** 2
Driving Directions: Brawley School → Isle of Pines

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
Maximum Number of Bedrooms:
Maximum Number of Occupants:
( ) Swimming Pool
( ) Other Addition/Structure:
Describe Problem: CRACK

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

Non-Residential Site Development: Type of Business:
Square Footage of Building: 1750 **Max. Number of Employees:** **Max. Number of Seats/Beds/Other:** 3

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:** 5/24/1979
(N) 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: _____ 11/17/2021
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) **DATE**

dotloop signature verification:

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 E. T. Green DATE 5-24-22 PERMIT NO. _____

PHONE: Business _____ Home _____

LOCATION 801 NC 115 at entrance to Isle of Pine

S. R. No. _____

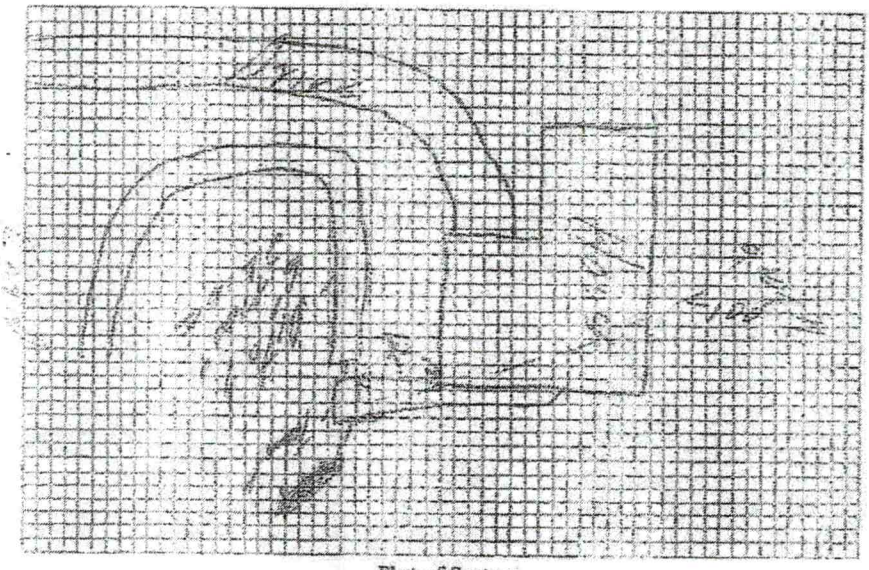
SUBDIVISION NAME Isle of Pine LOT NO. 2 SECTION OR BLOCK NO. 2

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

No. Bedrooms 3 No. Bathrooms 2

Garbage Disposal Unit	Yes (✓)	No ( )	Character & Porosity of Soil	Clay loam
Auto. Dishwasher	Yes (✓)	No ( )	Percolation Rate	60 min/inch
Auto. Wash. Machine	Yes (✓)	No ( )	Topography	Slight slope
Site Suitable	Yes (✓)	No ( )	Depth to Water Table	10 ft
			Rock or other impervious formations	None

Lot Area 1 acre



Plot of System

Size of Tank 1500 Gals.

Nitrification Field:

No. of Lines 3

Sq. Ft. 600 Linear Ft. 200

Depth of Stone in Lines 24"

Water Supply: Individual (✓)

Public ( )

Installed by E. T. Green

dotloop verified 07/20/21 7:27 PM EDT

dotloop verified 07/20/21 7:18 PM EDT

IMPROVEMENTS PERMIT BY _____

COMMENTS: _____

CERTIFICATE OF COMPLETION BY John Stevens DATE 7-26-22

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, Kevin Guerette, am the legal owner(s) of the property located at 383 Isle of Pines Rd, identified as PIN (Parcel Identification Number) 4635369733, located in Iredell County, North Carolina.

I do hereby authorize **(print legal representative/company name)** Lentz Wastewater Mgmt, 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.

_____ 11/17/2021
Signature of Owner(s) 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