ICHD - ENVIRONMENTAL HEALTH DIVISION

Statesville Office (704) 878-5305 | CW Mooresville Office (704) 660-3625 | 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: ½ 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
Pump Tank (gal) PT Date
Pump Make Model Serial #
Nitrification Fields # Lines Linear Ft
Trench Width EXISTING Trench Bottom Depth (Low side)

[ ] New System [X] Repair [ ] Expansion System Type: I II III IV V VI
System Description: Existing
Repair System Description: Tank Replacement
Maintenance Agreement Required: [ ] YES [X] NO
Gravel Depth [X] GRAVITY [ ] PRESSURE

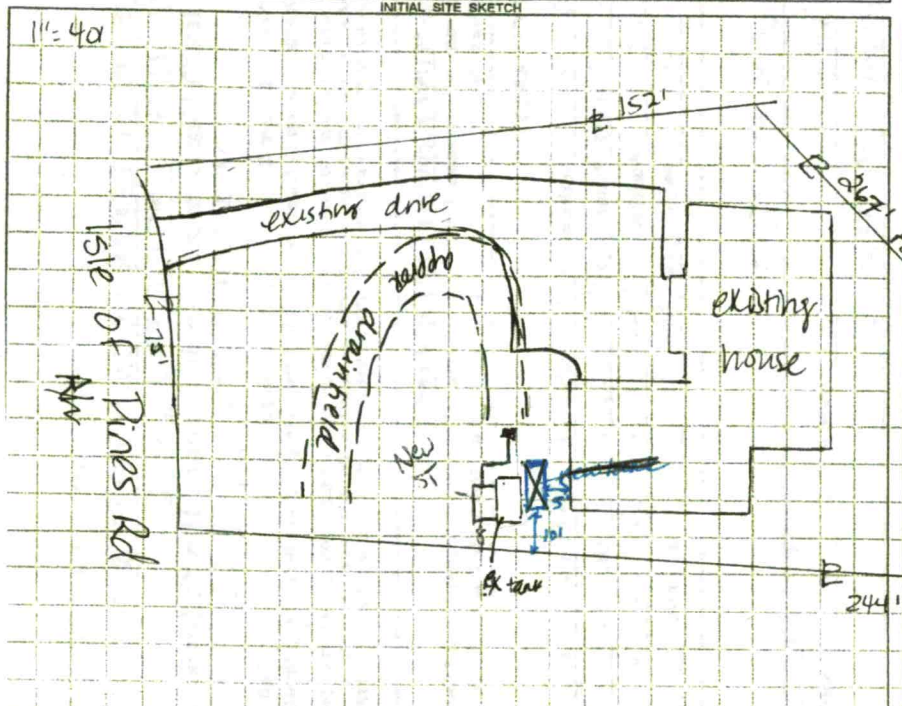
[X] Residence [ ] Business [ ] Other [ ] Slab [ ] Basement w/plumbing
No. Bedrooms 3 | No. Persons 6 | No. Employees | [X] Crawl Space
[ ] Basement w/o plumbing

Water Supply: [ ] Private [ ] Public [ ] Community

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: Corlen C. Vick Date: 12/1/21 Installed by: Lentz

IMPROVEMENT PERMIT by: D. Mieberg Date: 11/23/21 OPERATION PERMIT by: Cy 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. Be sure to speak with an inspector to confirm your time.

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

Property Information:

Street Address: 593 Isle of Pines RD
Parcel 4635369737
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***

CHECK FOUNDATION TYPE

( ) New Single Family Residence — Maximum Number of Bedrooms: — (X) 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: CRACK
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
(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.

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 R. L Berry DATE 5-24-22 PERMIT NO. _____

PHONE: Business _____ Home _____

LOCATION On 412 at Lyons to Elk on Rt

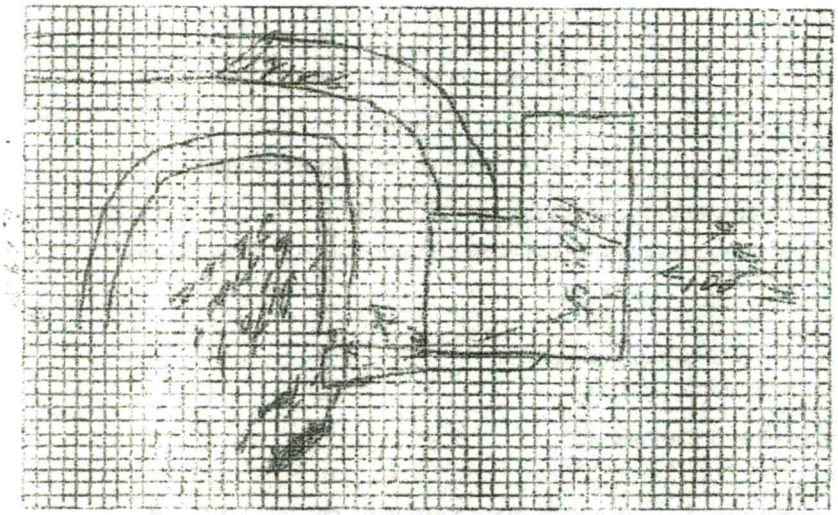
S. R. No. _____

SUBDIVISION NAME Elk Run Lane LOT NO. 2 SECTION OR BLOCK NO. 1

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/in
Auto. Wash. Machine	Yes (✓)	No ( )	Topography	2-5% slope
Site Suitable	Yes (✓)	No ( )	Depth to Water Table	10 ft
Lot Area 1 acre			Rock or other impervious formations	None



Plot of System

Size of Tank 1500 Gals.

Nitrification Field:

No. of Lines 2

Sq. Ft. 600 Linear Ft. 200

Depth of Stone in Lines 12"

Water Supply: Individual (✓)

Public ( )

Installed by E. F. Sivin

IMPROVEMENTS PERMIT BY _____

COMMENTS: _____

CERTIFICATE OF COMPLETION BY John Sheets DATE 7-28-22

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

NOTES:

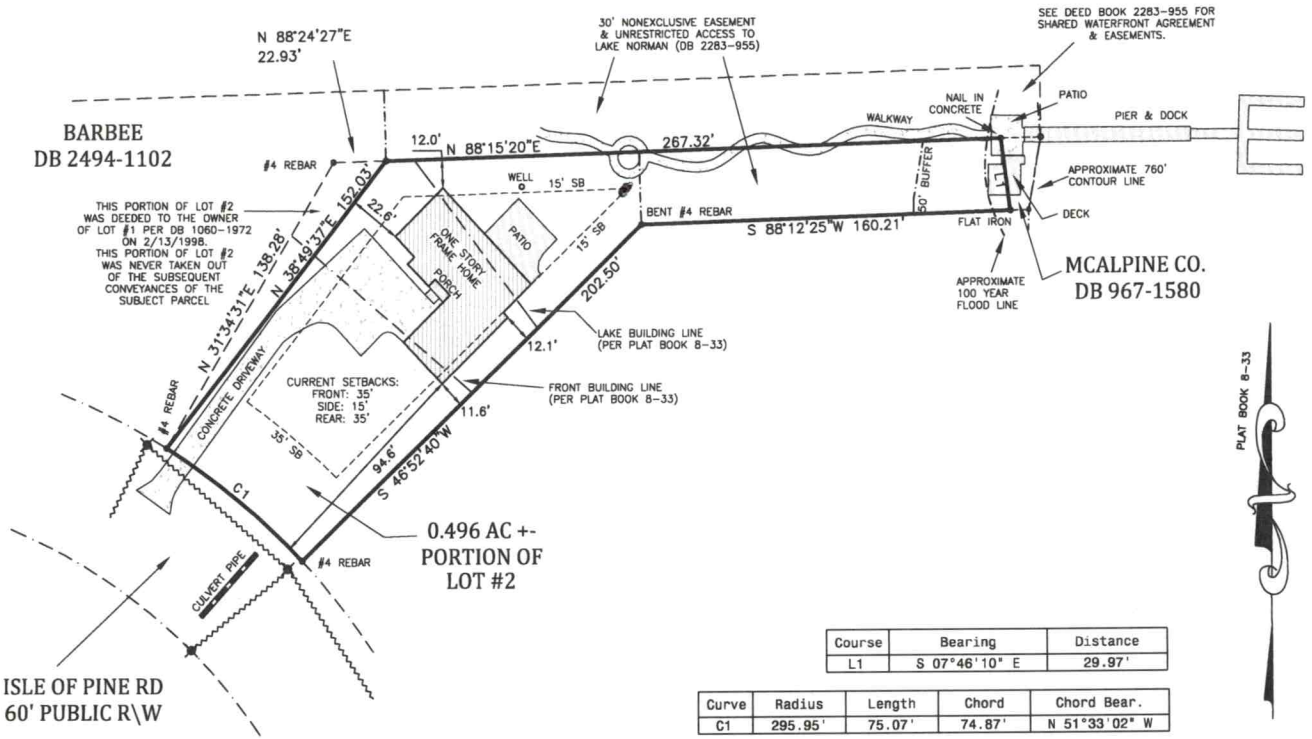
- PROPERTY MAY BE SUBJECT TO RECORDED OR UNRECORDED RIGHTS OF WAYS OR EASEMENTS NOT OBSERVED
- OWNER TO VERIFY ALL SETBACKS AND ZONING REGULATIONS PRIOR TO ANY PLANNING OR CONSTRUCTION.
- DIMENSIONS OF ALL IMPROVEMENTS SHOWN ON THIS PLAT SHOULD NOT BE SCALED OR RELIED UPON FOR DESIGN OR CONSTRUCTION WITHOUT A FIELD VERIFICATION OF ALL DIMENSIONS.
- DIGITAL COPIES OF THIS FILE ARE FOR REFERENCE ONLY AND MAY NOT BE USED FOR DESIGN WORK.
- PROPERTY CORNER MARKERS ARE FOUND CORNERS UNLESS OTHERWISE NOTED AS "SET".
- A PORTION OF THIS PROPERTY IS LOCATED IN A 100 YEAR FLOOD PLAIN, ACCORDING TO THE CURRENT FIRM MAP.
- NO PORTION OF THE RESIDENTIAL STRUCTURE IS LOCATED IN THE 100 YEAR FLOOD PLAIN.

50 0 50 100 150

GRAPHIC SCALE – FEET

LEGEND

R\W	RIGHT–OF–WAY
E\P	EDGE OF PAVEMENT
C\L	CENTERLINE
PDE	PUBLIC DRAINAGE EASEMENT
SSE	SANITARY SEWER EASEMENT
	UTILITY POLE
	LIGHT POLE
	OVERHEAD UTILITY LINE
	FENCE
	R\W LINE
	BOUNDARY LINE



Course	Bearing	Distance
L1	S 07°46'10" E	29.97'

Curve	Radius	Length	Chord	Chord Bear.
C1	295.95'	75.07'	74.87'	N 51°33'02" W

PHYSICAL SURVEY
FOR
KEVIN & JODI GUERRETE

583 ISLE OF PINES RD - MOORESVILLE, NC
BEING A PORTION OF LOT #2, ISLE OF PINES

DAVIDSON TOWNSHIP, IREDELL COUNTY, NC
SCALE: 1" = 50'

DEDMON SURVEYS

CHUCK POOVEY, PLS #3762
ROBERT DEDMON, PLS #3899
3704 NC HIGHWAY #16 NORTH
P.O. BOX 494 - DENVER, NC 28037
PHONE: 704/483/4908
LICENSE NO. C-0453
WWW.DEDMONSURVEYS.COM

NORTH CAROLINA PROFESSIONAL SEAL L-3899 LAND SURVEYOR ROBERT J. DEDMON

I, ROBERT J. DEDMON, CERTIFY THAT THIS MAP WAS DRAWN UNDER MY SUPERVISION FROM AN ACTUAL SURVEY MADE UNDER MY SUPERVISION (DEED 1797-922) (PLAT 8-33); THAT THE BOUNDARIES NOT SURVEYED ARE INDICATED AS DRAWN FROM INFORMATION IN DB 1060-1972; THAT THE RATIO OF PRECISION OR POSITIONAL ACCURACY IS GREATER THAN 1:10,000'; AND THAT THIS MAP MEETS THE REQUIREMENTS OF THE STANDARDS OF PRACTICE FOR LAND SURVEYING IN NORTH CAROLINA (21 NCAC 56. 1600).

DATE: AUGUST 19, 2021

PROFESSIONAL LAND SURVEYOR

SURV. BY: MP	DRAWN: RD	JOB# DZIOP2

VICINITY MAP

