ICHD - ENVIRONMENTAL HEALTH DIVISION

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

PERMIT # AP-320209

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

PIN # 4635 -- 44 -- 8230

APPLICANT/OWNER: HAROLD S. WILSON | APPLICANT ADDRESS: 910 DEWEY AVENUE, SAINT MARYS, WEST VIRGINIA, 26170

SITE ADDRESS: 713 ISLE OF PINE, MOORESVILLE, NC 28117 | PHONE: | ALT. PHONE

SITE DIRECTIONS: (S) ON 77, (R) ON BRAWLEY SCHOOL, (L) ON ISLE OF PINE, LOT ON (L) | SAP CONTROLLED: ☐ YES ☐ NO EXT

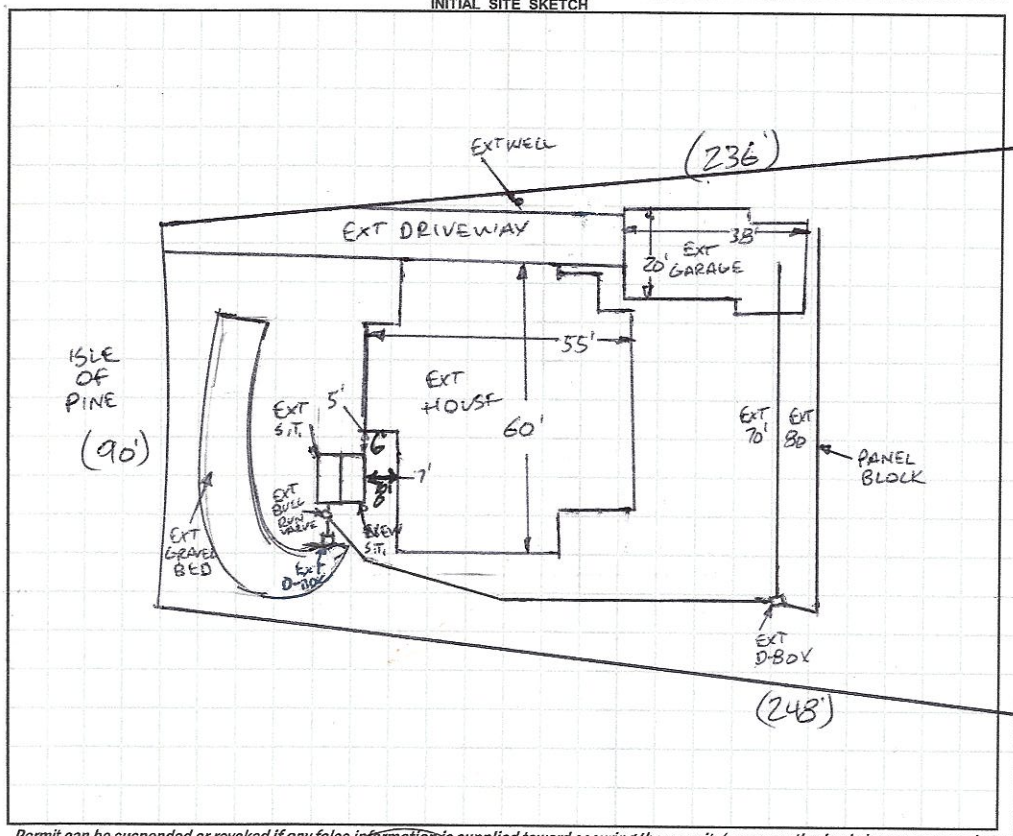
SUBDIVISION: ISLE OF PINES | SECTION: — | LOT # 22 | LOT AREA: 0.57 AC | DESIGN FLOW: EXT | L.T.A.R.: EXT

Septic Tank	1000 (gal)	STB	Infiltrator	Date	Infiltrator	☐ New System	☑ Repair	☐ Expansion	System Type: I II IV V VI
Pump Tank	— (gal)	PT	—	Date	—	System Description:	EXISTING		
Pump Make	—	Model	—	Serial #	—	Repair System Description:	TANK REPLAC		
# Nitrification Fields	EXT	# Lines	EXT	Linear Ft:	EXT	Maintenance Agreement Required:	☐ YES	☑ NO	
Trench Width	EXT	Trench Bottom Depth(Low side)	EXT	Gravel Depth	EXT	☑ GRAVITY	☐ PRESSURE		

☑ Residence	No. Bedrooms	EXT	**Water Supply**
☐ Business	No. Persons	EXT	☑ Private EXT
☐ Other	No. Employees	—	☐ Public
☐ Slab	☑ Crawl Space		☐ Community
☐ Basement w/plumbing			☐ Basement w/o plumbing

Comments / Conditions: PUMP, CRUSH, AND FILL EXISTING TANK, CHECK AND REPLACE EXISTING D-BOXES AS NEEDED MAINTAIN 50FT FROM ALL WELLS

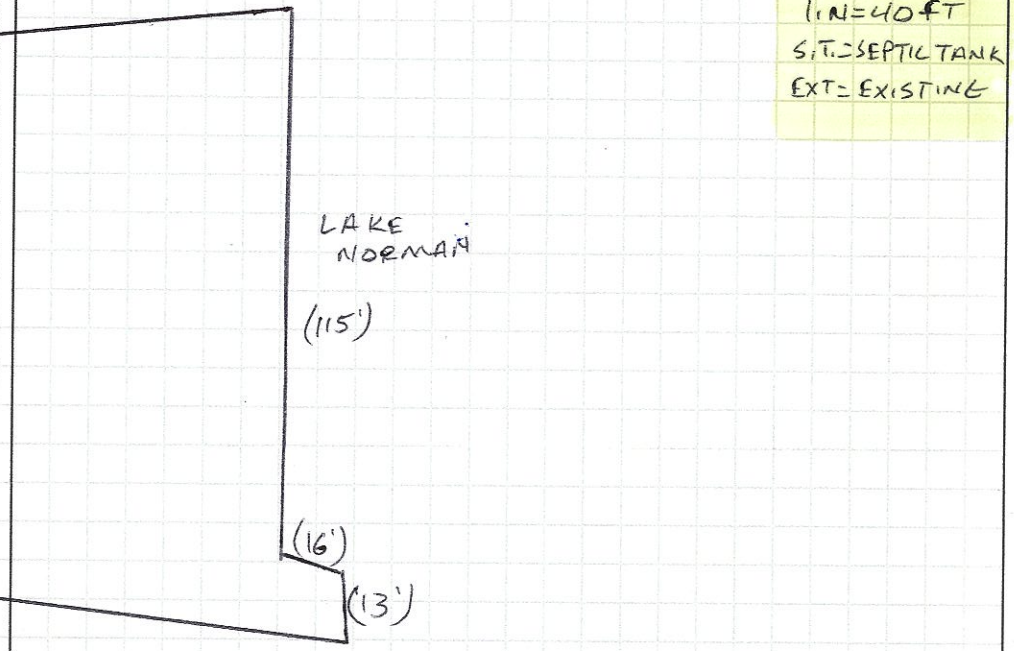
INITIAL SITE SKETCH



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.

1 IN = 40 FT
S.T. = SEPTIC TANK
EXT = EXISTING



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: [signature] Date: 8/18/21 Installed by: Lentz

IMPROVEMENT PERMIT by: Bryant C. White Date: 8-12-2021 OPERATION PERMIT by: Patrick J Bryett Date: 8/25/2021

AUTHORIZATION TO CONSTRUCT by: Bryant C. White Date: 8-12-2021 Existing System Inspected by: Date:

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

RECEIVED AUG C 3 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-320209 $150.00

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)

St. Marys, WV

Applicant Name: Harold S. Wilson Address: 910 Dewey Ave. Zip: 26170
Applicant Email: wilsonsm@suddenlink.net Phone: 304-684-9266 Alt. Phone: 740-516-4275
Owner Name: Whispering Pines Vacation ~~Address~~: Rentals LLC Zip: _____
Owner Email: Same Phone: Same Alt. Phone: Same

Property Information:

Street Address: 713 Isle of Pines Rd Mooresville, NC 28117
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
(✓) Repair to failing septic system ✓ Tank ___ Drain lines Describe Problem: _____
Maximum Number of Bedrooms: _____
Maximum Number of Occupants: _____
( ) 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: 2,816 Max. Number of Employees: ____ Max. Number of Seats/Beds/Other: 3 BR

Water Supply: ( ) Replacement Well – Reason: _____
( ) Multi-connection Well Number of Houses: 1 Number of Persons: 6
( ) 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.

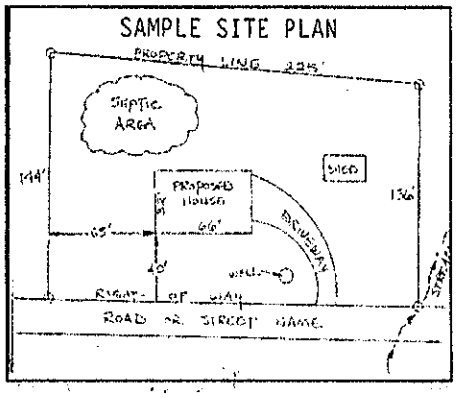
Signature: Harold S. Wilson 8/2/2021
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

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

See Attachment

Signature: Harold S. Wilson

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

8/2/2021
DATE

713 Isle of Pines 4635 44 8230

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 William Pitt DATE 4-24-87 PERMIT NO. _____

PHONE: Business _____ Home _____

LOCATION 1100 TC 1113 (Isle of Pines) near end on left S. R. No. _____

SUBDIVISION NAME Isle of Pines LOT NO. 22 SECTION OR BLOCK NO. 2

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

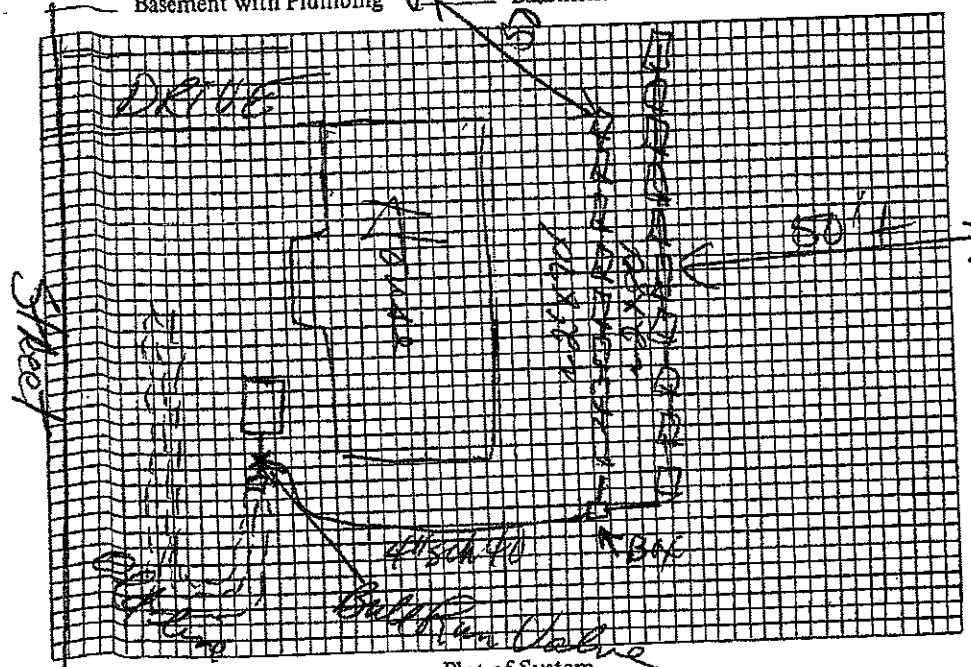
No. Bedrooms ~3 No. Bathrooms ~2

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

Character & Porosity of Soil clay
Percolation Rate 2-4"
Topography 2-4%
Depth to Water Table 3'+
Rock or other impervious formations moneers-

Lot Area Existing

Basement with Plumbing ___ Basement without Plumbing ___ No Basement (✓)



Size of Tank Existing Gals.

Nitrification Field:
No. of Lines 2
Sq. Ft. _____ Linear Ft. 150' (6 units panels)
Depth of Stone in Lines _____

Water Supply: Individual (✓)
Public ( )

Lake

Installed by Sagmon

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

Signed: _____

IMPROVEMENTS PERMIT BY DRH

COMMENTS: _____

CERTIFICATE OF COMPLETION BY DR Sagmon RS DATE 4-24-87

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

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 Ed Griffin Co DATE 11-26-74 PERMIT NO. 323

PHONE: Business 537-4254 Home

LOCATION Rd 1100 TL on 1413 extend on left

S. R. No.

SUBDIVISION NAME Isle of Pine LOT NO. 22 SECTION OR BLOCK NO.

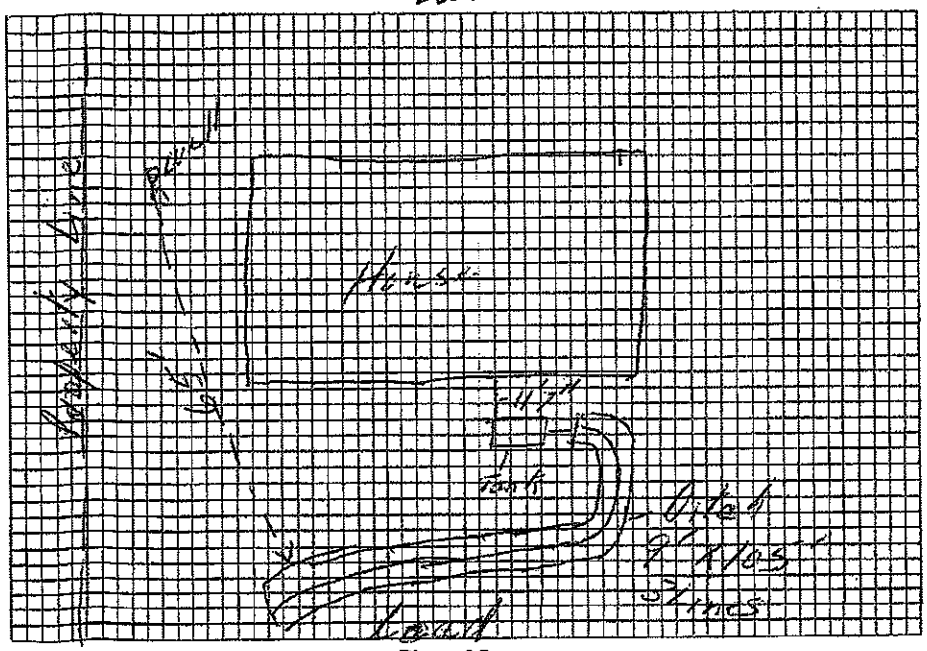
House (✓) Mobile Home ( ) Business ( ) Other

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 over 20,000 Sq Ft

Character & Porosity of Soil Fine Sandy Clay loam (Fair to low porosity)
Percolation Rate 58 min/in
Topography 2% Slope
Depth to Water Table 8' to 10' above lake level
Rock or other impervious formations None



Plot of System

Size of Tank 1000 Gals.
Nitrification Field:
No. of Lines 3
Sq. Ft. 945 Linear Ft. 315
Depth of Stone in Lines 14"
Water Supply: Individual (✓)
Public ( )

Installed by F. J. Ervin

IMPROVEMENTS PERMIT BY J. C. Moore

COMMENTS:

CERTIFICATE OF COMPLETION BY John Houston DATE 11-26-74

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*) Harold S. Wilson

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, Harold S. Wilson, am the legal owner(s) of the property located at 913 Isle of Pines Rd, Mooresville, NC, identified as PIN (Parcel Identification Number) 4635448230, located in Iredell County, North Carolina.

I do hereby authorize (**print legal representative/company name**) Paul Nelson, _____, 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.

Harold S. Wilson
Signature of Owner(s)

8/2/2021
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