ICHD - ENVIRONMENTAL HEALTH DIVISION

PJB

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

PERMIT # AP-313179

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

PIN # 4636-00-5409

APPLICANT/OWNER: STEVEN & CHRISTIE WERKMAN

APPLICANT ADDRESS: 144 NORTHSHORE DRIVE, MOORESVILLE, N.C. 28117

SITE ADDRESS: 144 NORTHSHORE DRIVE, MOORESVILLE, N.C. 28117

PHONE: 304-546-0780 ALT. PHONE 304-343-0101

SITE DIRECTIONS: (S) ON 77, (R) ON BRAWLEY SCHOOL, (L) ON ISLE OF PINE, (R) ON COVE CREEK, (L) ON WYNSWEPT, (L) ON WYNWARD, (R) ON NORTHSHORE, LOT ON (R)

SAP CONTROLLED: ☐ YES ☐ NO

SUBDIVISION: NORTH SHORE II

SECTION: 2 LOT # 34 LOT AREA: 0.68 AC

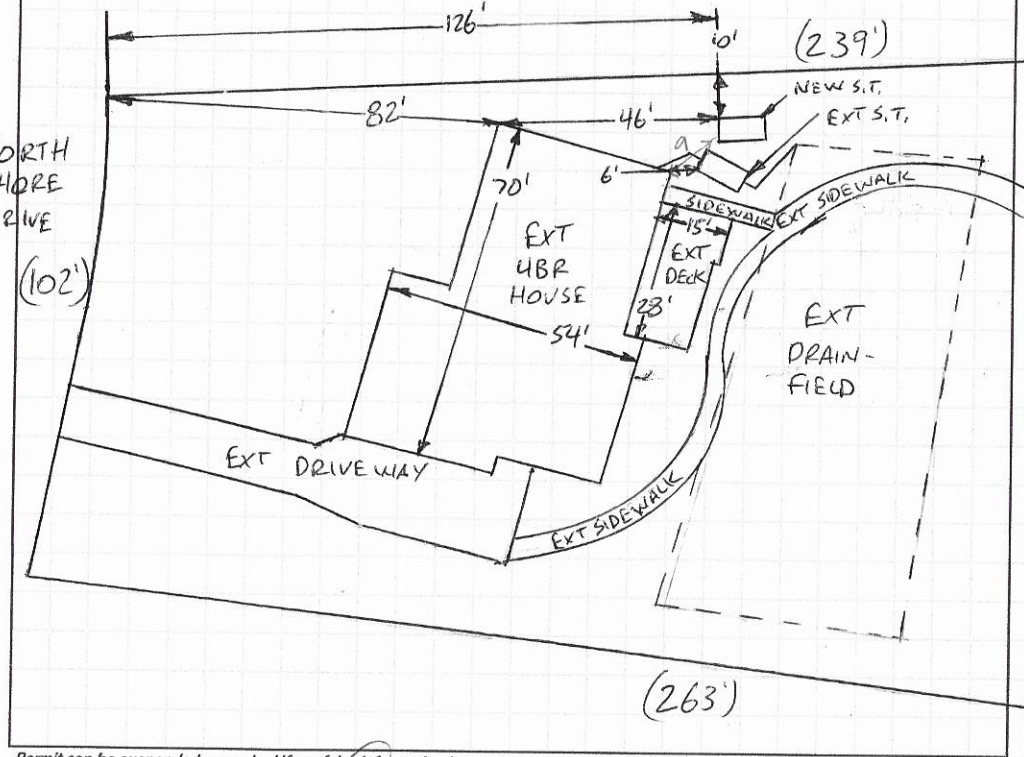
DESIGN FLOW: EXT L.T.A.R.: EXT

Septic Tank	1000 (gal)	STB	Date	☐ New System	☑ Repair	☐ Expansion	System Type: I II (III) IV V VI
Pump Tank	— (gal)	PT —	Date —	System Description:	EXT - 25% REDUCTION		
Pump Make	—	Model —	Serial # —	Repair System Description:	TANK REPLACEMENT		
# Nitrification Fields	EXT # Lines EXT		Linear Ft: EXT	Maintenance Agreement Required:	☐ YES	☑ NO	
Trench Width	EXT	Trench Bottom Depth(Low side) EXT		Gravel Depth —	☑ GRAVITY	☐ PRESSURE	

☑ Residence	No. Bedrooms	4	Water Supply
☐ Business	No. Persons	8	☐ Private
☐ Other	No. Employees	—	☐ Public
☐ Slab	☐ Crawl Space		☑ Community
☑ Basement w/plumbing			☐ Basement w/o plumbing

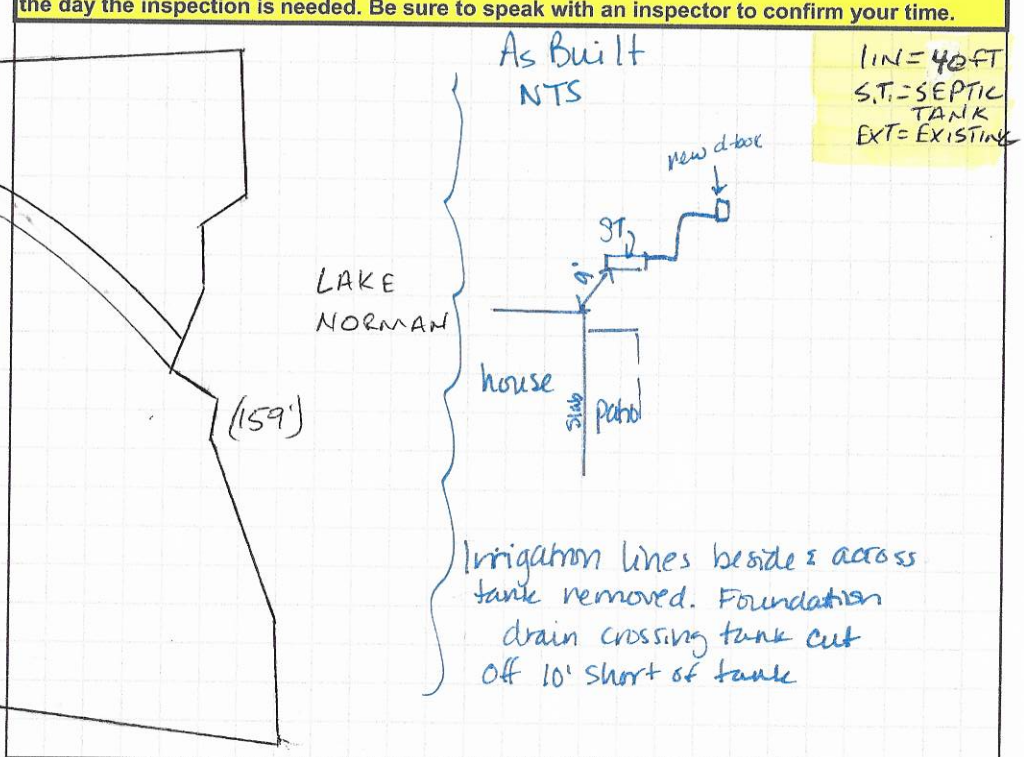
Comments / Conditions: PUMP, CRUSH, AND FILL EXISTING TANK, MAINTAIN 5 OFT FROM ALL WELLS, INSPECT AND REPLACE D-BOX AS NEEDED THE LEFT SIDE PROPERTY LINE MUST BE MARKED AT TIME OF INSPECTION

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: [signature] Date: 12/23/20

Installed by: Massey Septic Service

IMPROVEMENT PERMIT by: Bryant C. White Date: 12-18-2020

OPERATION PERMIT by: D. Niebery Date: 6/25/21

AUTHORIZATION TO CONSTRUCT by: Bryant C. White Date: 12-18-2020

Existing System Inspected by: Date:

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

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

Iredell County Health Department – Environmental Health Division

AP-313109 Repeat/Revised.

PAGE 1: *APPLICATION FORM*

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:
Place an (X) beside whichever is submitted if applicable
( ) Survey Plat, scaled no more than 1 inch = 60 feet
( ) Custom Site Plan, scaled no more than 1 inch = 60 feet

Applicant Information: (PRINT CLEARLY)

Applicant Name: STEVEN G. WESKMAN Address: 144 North Shore Dr. Zip: 28117
Applicant Email: Gary@modern-equipment.com Phone: 304-546-0780 Alt. Phone: 304-343-0101
Owner Name: Steven G. Weskman Address: 144 North Shore, Mooresville Zip: 28117
Owner Email: Gary@modern-equipment.com Phone: 304-546-0780 Alt. Phone: 304-343-0101

Property Information:

Street Address: 144 North Shore Dr, Mooresville, NC 28117
Subdivision Name: North Shore Section/Phase: _____ Lot Number: _____
Driving Directions: Exit 35 (Brawly School), left on Isle of Pines, right into North Shore

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: Tank has cracks
Maximum Number of Bedrooms: 4
Maximum Number of Occupants: 2
( ) Swimming Pool
( ) Other Addition/Structure: _____

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

Non-Residential Site Development: Type of Business: _____
Square Footage of Building: 4300 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: 1996
( ) 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: _____ 12/6/20
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

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, CHRISTIA A WERKMAN STEVEN G. WERKMAN, am the legal owner(s) of the property located at 144 N. Shore Drive Mooresville, NC., 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.

_____ 12/5/20
Signature of Owner(s) Date

Mooresville - Environmental Health
Fax: 704-662-3239
610 E. Center Avenue, Mooresville, NC 28115

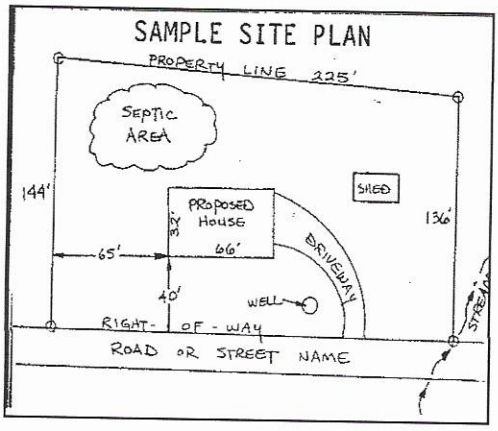
Statesville - Environmental Health
ronda.hart@co.iredell.nc.us
Fax: 704-871-3483
349 N. Center Street, Statesville, NC 28677

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:

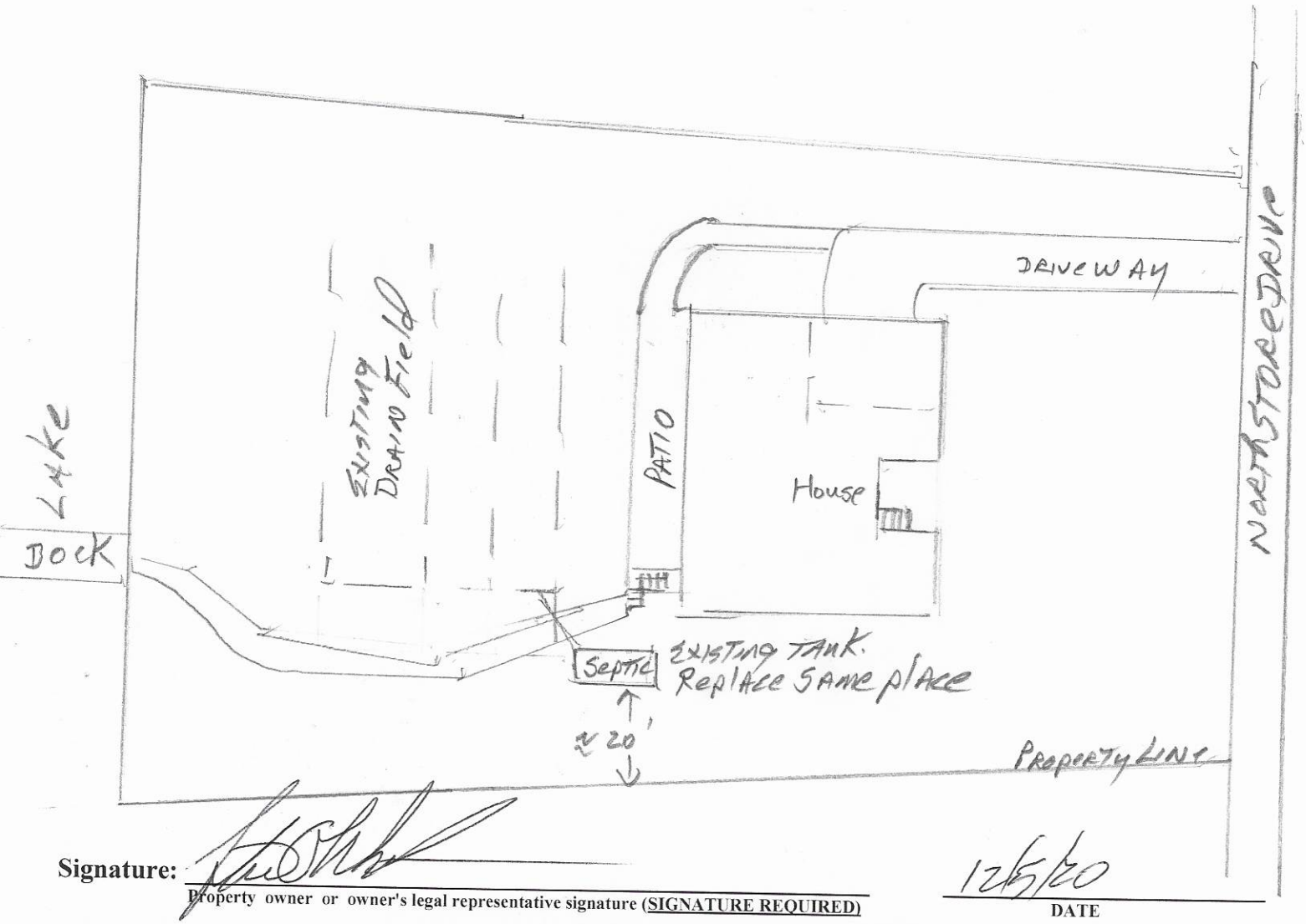
( ) Property Line measurements are clearly identified
( ) All proposed structures are indicated
( ) Front and side setbacks from property line
( ) Preferred driveway location and well location
( ) Area you prefer your septic system to be placed
( ) North arrow, or other sufficient indicator of direction

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: _____

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

12/5/20

DATE

IREDELL COUNTY HEALTH DEPARTMENT

Authorization to Construct

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

IMPROVEMENT PERMIT / CERTIFICATE OF COMPLETION / OPERATION PERMIT / EXISTING SYSTEM INSPECTION

PROPERTY DESCRIPTION NO. 17810 DATE 6/10/96

OWNER OR CONTRACTOR RI Homes TAX MAP NO. 2F-B-10

ADDRESS 2900 B I-85 Service Charlotte 28208 PHONE: Business 391-3715 Home 4636-00-5409

LOCATION Brawley School - TL Isle of Pines - Wynwood Ln - Right side of North Shore - PC

SUBDIVISION North Shore BLOCK / SECTION II LOT 34 LOT AREA SITE CLASS. PS DESIGN FLOW 450 gpd T.A.R. .3 gpd/ft²

Septic Tank: 1000 Gallons; STB 797 Date 9/15/95

Pump Tank: Gallons; PT Date

Pump Make: Model Serial No.

Nitrification Field: No Fields 1 Square Feet 1200 Linear Feet 400

No Lines 4 Trench Width 36" Max Trench Bottom Depth 36"

☑ New System ☐ Repair System Type: I, II, (III), IV, V, VI

System Description: Gravity Chambered

Repair System Description: Gravity/Pump Pond

Maintenance Agreement Required: ☐ Yes ☑ No

Gravel Depth N/A

☑ House/Mod. Home ☐ Mobile Home ☐ Business ☐ Other

No. Bedrooms 4 No. Bathrooms 3 No. Employees

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

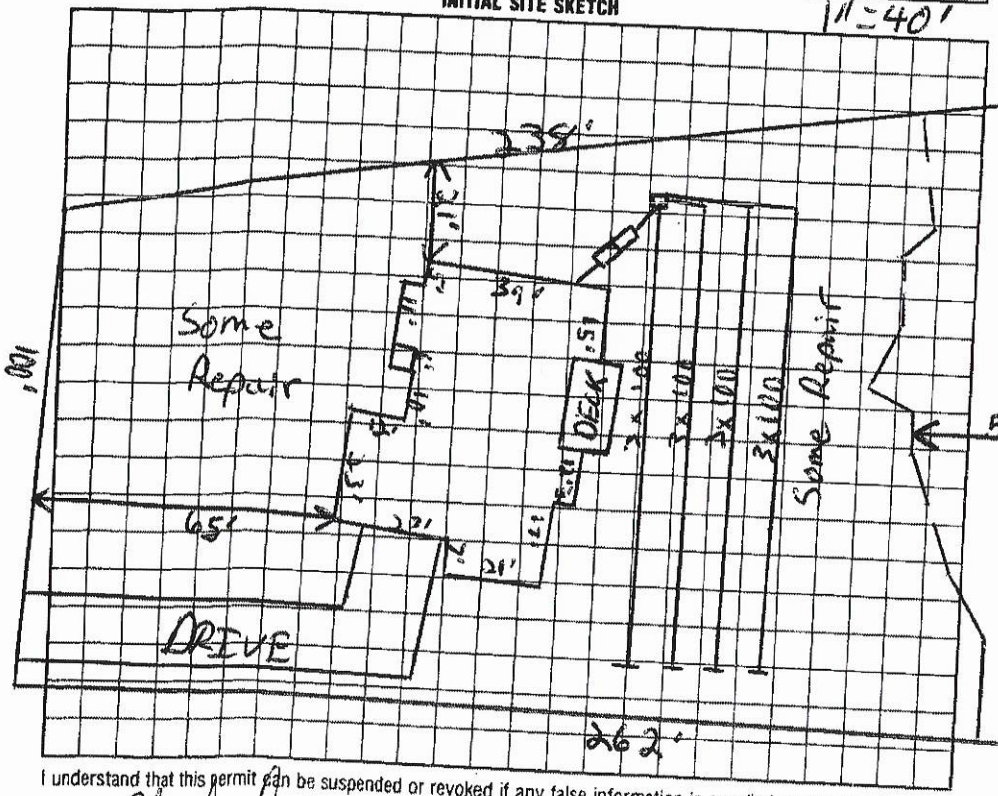
Water Supply: ☐ Individual ☒ Community ☐ Public

Comments:

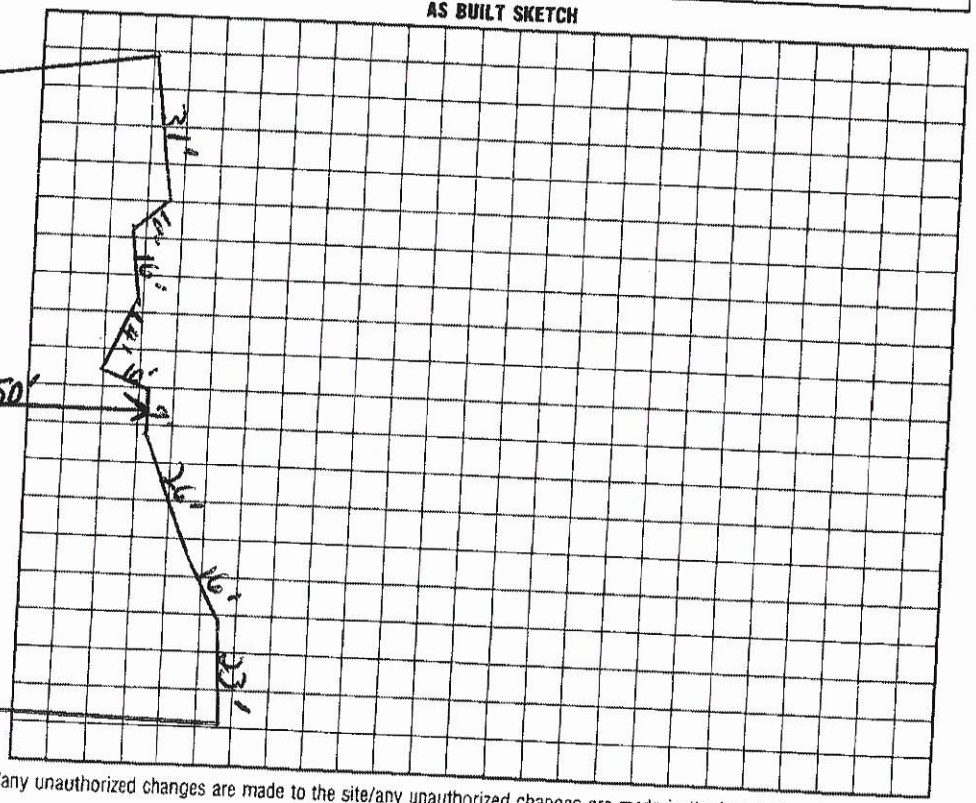
Comments:

INITIAL SITE SKETCH

1" = 40'



AS BUILT SKETCH



I understand that this 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.

Signed: Stan Hyatt P.M.

Improvement Permit by: C. Brady Teem EHSI date 6/10/96

Authorization to Construct

Existing System Inspection by: C. Brady Teem EHSI date 6/10/96

Authorization to Construct

Installed by: Ivan Homes Grading

Certificate of Completion by: date

Operation Permit by: Wesley Sparks R.S. date 10/29/96

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