IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 241413

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

PIN # 4636022946 4

APPLICANT/OWNER: Theodore Schultz APPLICANT ADDRESS: 105 Thrasher Ln. Mooresville, NC

SITE ADDRESS: 278 Isle of Pines Rd. Mooresville, NC 28117 PHONE: 704-905-4305 ALT. PHONE

SITE DIRECTIONS: Brawley School Rd → L on Isle of Pines Rd → lot on R SAP CONTROLLED: ☐ YES ☐ NO

SUBDIVISION: — SECTION: — LOT # — LOT AREA: .789ac DESIGN FLOW: 480gpd L.T.A.R.:

Septic Tank 1500 (gal) STB 390 Date 11-8-18

Pump Tank (gal) PT Date

Pump Make Model Serial #

Nitrification Fields # Lines Linear Ft

Trench Width EXISTING Trench Bottom Depth(Low side) Gravel Depth

☐ New System ☑ Repair ☐ Expansion System Type: I II III IV V VI

System Description:

Repair System Description: tank replacement

Maintenance Agreement Required: ☐ YES ☑ NO

☑ GRAVITY ☐ PRESSURE

☑ Residence No. Bedrooms 4

☐ Business No. Persons 8

☐ Other No. Employees

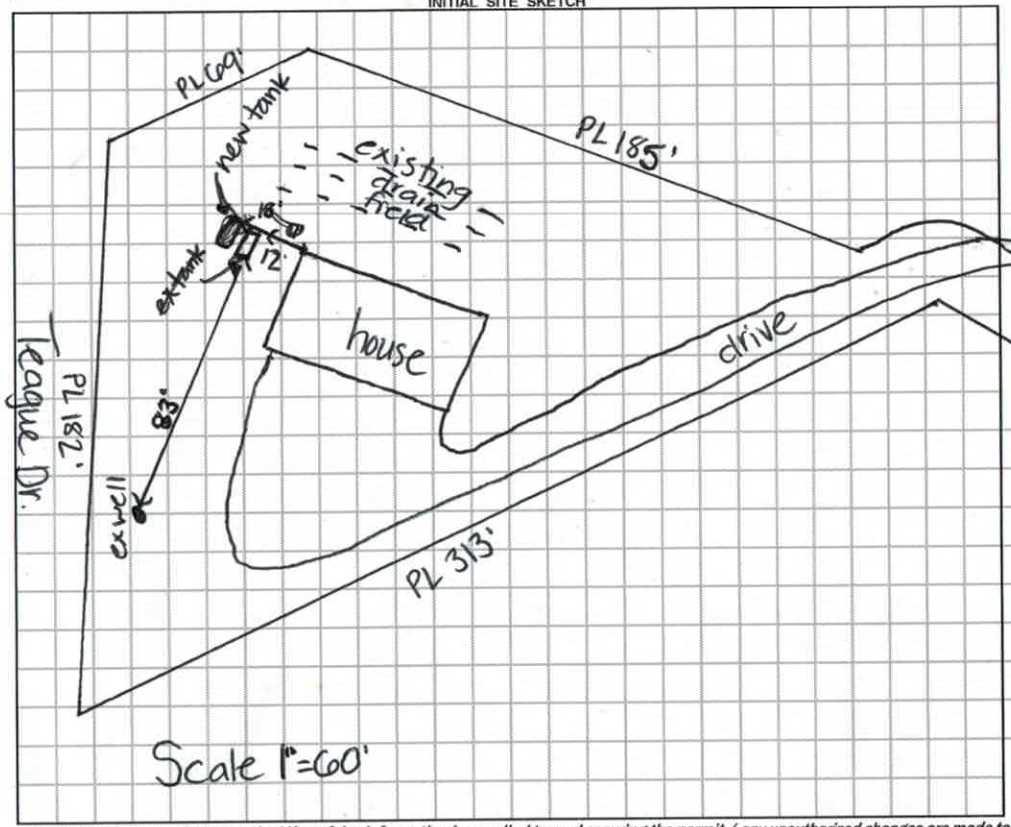
☐ Slab ☐ Crawl Space

☑ Basement w/ plumbing ☐ Basement w/o plumbing

Water Supply: ☑ Private ☐ Public ☐ Community

Comments / Conditions: Pump, crush, and fill existing tank.

INITIAL SITE SKETCH



AS BUILT SKETCH

Installed as shown.

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: Susan M. Schultz Date: 1-17-19 Installed by: Abernathy

IMPROVEMENT PERMIT by: Kayla Watson Date: 1-14-19 OPERATION PERMIT by: Kayla Watson Date: 2-8-19

AUTHORIZATION TO CONSTRUCT by: Kayla Watson Date: 1-14-19 Existing System Inspected by: Date:

FOR SEPTIC FINAL INSPECTION: CALL 704-664-3703 between 8am-9am the day ection is needed. Be sure to speak with an inpsector to confirm your inspection time.

241413

IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

APPLICATION FORM

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: Theodore Schultz **Address:** 105 Thrasher Ln, Mooresville **Zip:** 28117

Applicant Email: Ted.Schultz9@gmail.com **Phone:** 704-905-4305 **Alt. Phone:** _____

Owner Name: – Same – **Address:** _____ **Zip:** _____

Owner Email: _____ **Phone:** _____ **Alt. Phone:** _____

Property Information:

Street Address: 278 Isle of Pines Rd, Mooresville, NC 28117

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

Driving Directions: Brawley School Rd to Isle of Pines Rd, mailbox #276. Note: Mailbox 276 through 278 is address on deed.

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

CHECK FOUNDATION TYPE

( ) New Single Family Residence — Maximum Number of Bedrooms: 4 — ( ) Crawl Space Foundation
( ) New Multi-Family Residence — Maximum Number of Occupants: 2 — ( ) Concrete Slab Foundation
( ) Accessory Building — ( ) Swimming Pool — ( ) Basement with Plumbing
( ) Bedroom(s) Addition — ( ) Other Addition/Structure: _____ — ( ) Basement without Plumbing
(✓) Repair to failing septic system ✓ Tank ___ Drain lines Describe Problem: Tank replacement disovered on pumping inspection.
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: _____
( ) 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: Theodore Schultz — 1-10-2019
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*) Theodore Schultz

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

Mooresville - Environmental Health
ronda.hart@co.iredell.nc.us
Fax: 704-662-3239
610 E. Center Avenue, Mooresville, NC 28115

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

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

Watershed: [X] Yes [ ] No

PROPERTY DESCRIPTION NO. 24150 DATE 7/20/96 TAX MAP NO. 2GA39 PHONE: Business Home 896-9966

OWNER OR CONTRACTOR John Castro

ADDRESS 175 S Brawner Rd. Mooresville, NC 28115

LOCATION Isle of Pines Rd. / Brawner Rd. Isle of Pines on (R) the right before Tubyfield Rd. .3

SUBDIVISION No BLOCK / SECTION LOT LOT AREA 30,000 FT² SITE CLASS PS DESIGN FLOW 480 L.T.A.R.

Septic Tank: 1500 Gallons; STB 1012 Date 12/23/96

Pump Tank: Gallons; PT Date

Pump Make: Model Serial No.

Nitrification Field: No Fields 2 Square Feet 800/800 Linear Feet 520

No Lines 8 Trench Width 36" Max Trench Bottom Depth 34" Gravel Depth 12"

[X] New System [ ] Repair System Type: I, II, III, IV, V, VI

System Description: FLOW-DIVIDER-20/B

Repair System Description: PRESSURE PANEL

Maintenance Agreement Required: [ ] Yes [X] No

[ ] House/Mod. Home No. Bedrooms

[ ] Mobile Home No. Bathrooms

[ ] Business No. Employees

[X] Other 2-2BD APTS

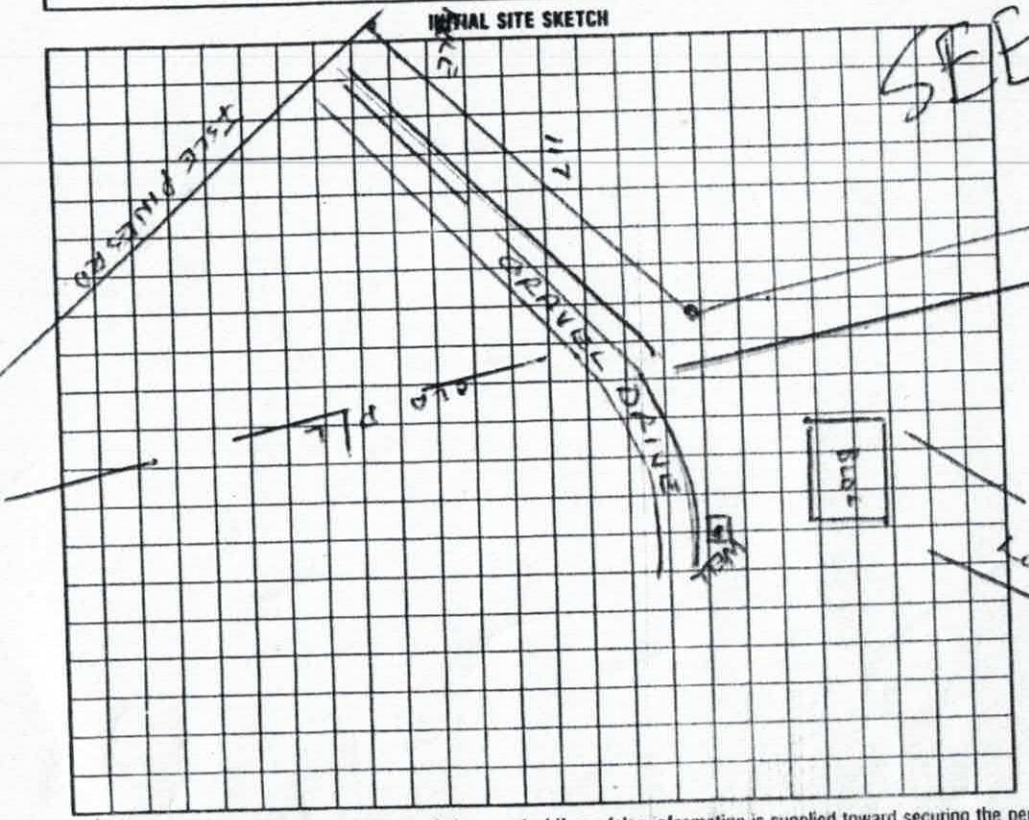
[X] Slab [ ] Crawl Space [ ] Basement w/plumbing [ ] Basement wo/plumbing

Water Supply: [X] Individual [ ] Community [ ] Public

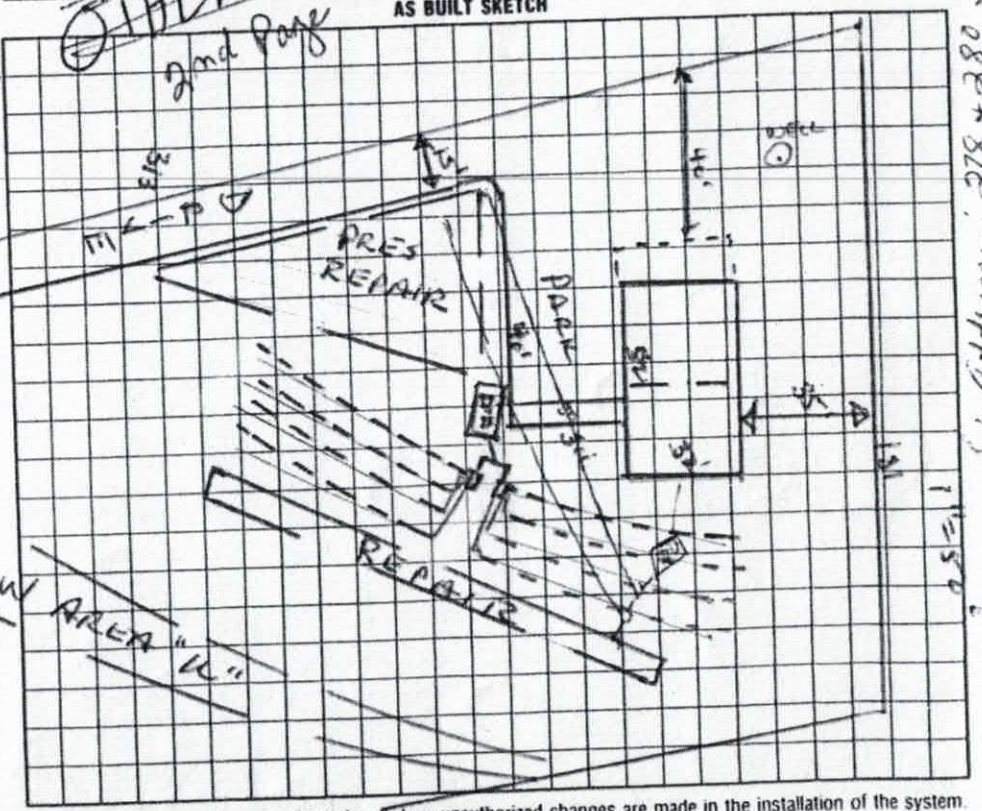
Comments: FLOW DIVIDER + S/T SET AS SHOWN
20/B REQUIRED

Comments: As Built
OTHER PERMIT

INITIAL SITE SKETCH



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.

Auth. Construction valid 60 months.

Signed: [signature] date 7/20/96

Improvement Permit by: Wesley Sparks R.S. date 7/20/96

Existing System Inspection by: Wesley Sparks R.S. date 7/20/96

Installed by: BARRY THOMPSON date

Certificate of Completion by: date

Operation Permit by: C. Ray Tam date 3/25/97

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

Lot Addresses: 278 + 280 Isle of Pines Rd. - Mrs. Wesley