# ICHD - ENVIRONMENTAL HEALTH DIVISION

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

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

PERMIT # AP 317782

APPLICANT/OWNER: Tyler Craig

PIN # 4636 -- 84 -- 1005

SITE ADDRESS: 217 Spring run Rd Mooresville NC 28117

APPLICANT ADDRESS: 217 Spring Run Rd Mooresville NC 28117

SITE DIRECTIONS: Brawley School Rd to L on Canvasback Rd, R on Spring Run Rd, Lot on R

PHONE: 720-837-3888 ALT. PHONE

SUBDIVISION: Mallard Head Country Club

SECTION: 1 LOT # 115 LOT AREA: 0.48acres

SAP CONTROLLED: [X] YES [ ] NO

DESIGN FLOW: 480GPD L.T.A.R.: Existing

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| Septic Tank | 1000 | (gal) | STB | Infiltrator | Date | Infiltrator |
| 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: New Tank

Repair System Description: Existing

Maintenance Agreement Required: [ ] YES [X] NO

Gravel Depth EXISTING [X] GRAVITY [ ] PRESSURE

[X] Residence [ ] Business [ ] Other [ ] Slab [ ] Basement w/plumbing

No. Bedrooms 4 No. Persons 8 No. Employees

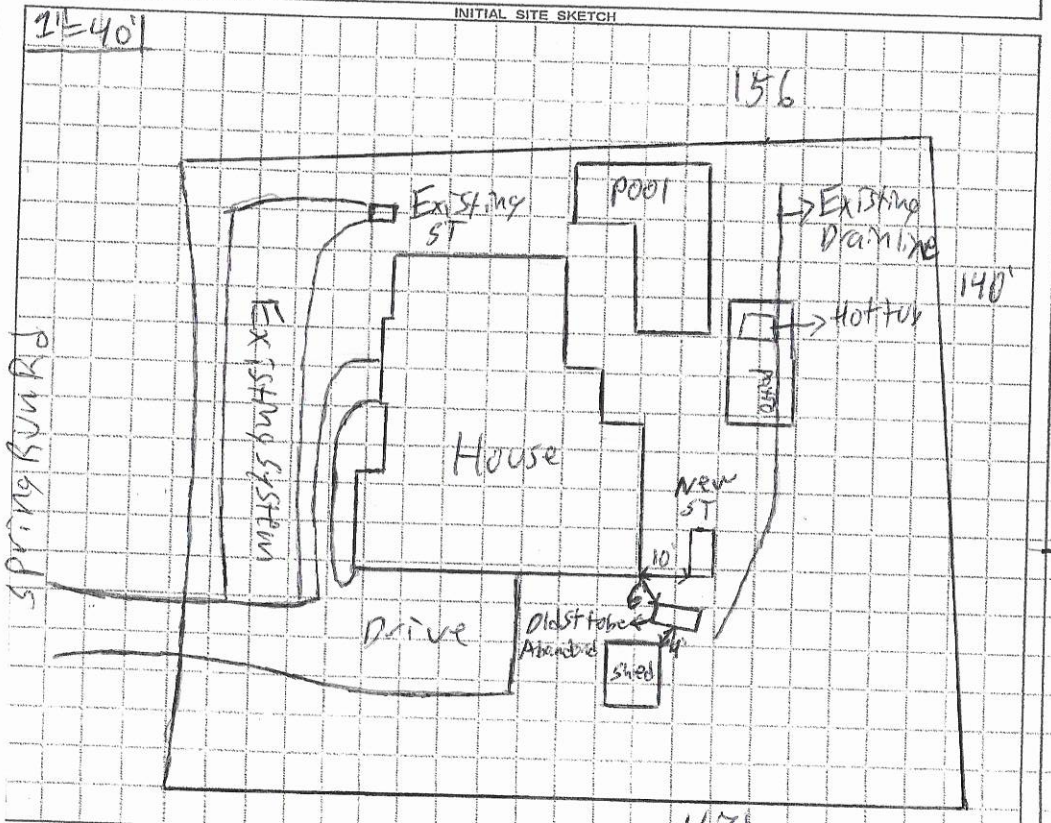
[X] Crawl Space

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

[ ] Basement w/o plumbing

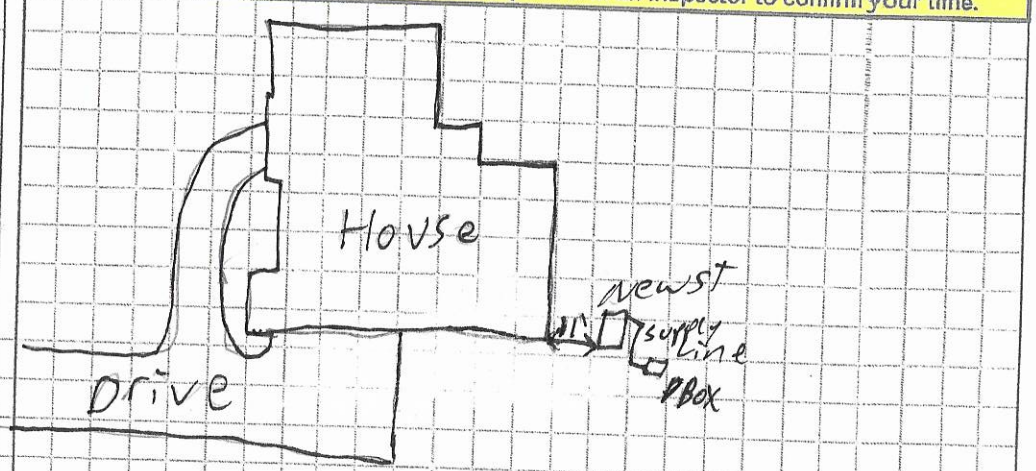
Comments / Conditions: Pump crush and Remove Old Tank. Reccomend finding and replacing d box as needed.

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: Date:

IMPROVEMENT PERMIT by: Patrick J Boyle III Date: 5/17/2021

AUTHORIZATION TO CONSTRUCT by: Patrick J Boyle III Date: 5/17/2021

Installed by: (Tim) Abee's Clearing + Grading

OPERATION PERMIT by: Patrick J Boyle III Date: 7/22/2021

Existing System Inspected by: Date:

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

RECEIVED MAY 1 2 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-317782 Repair EVed

**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:** Tyler Craig **Address:** 217 Spring Run Dr, Mooresville, NC **Zip:** 28117

**Applicant Email:** tcraig004@gmail.com **Phone:** 720-837-3888 **Alt. Phone:** _____

**Owner Name:** Tyler Craig **Address:** _____ **Zip:** _____

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

**Property Information:**

**Street Address:** 217 Spring Run Dr, Mooresville, NC 28117

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

**Driving Directions:** South on canvas back off of Brawley and right onto Spring Run Rd

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

**CHECK FOUNDATION TYPE**

( ) 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:** Septic tank cracking/collapsing

**Maximum Number of Bedrooms:** 4
**Maximum Number of Occupants:** 4
(x) Swimming Pool
(x) Other Addition/Structure: Hot Tub/Shed

(x) Crawl Space Foundation
( ) Concrete Slab Foundation
( ) Basement with Plumbing
( ) Basement without Plumbing

**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 (x) Other Public Water

**Desired Septic System Type:** *(you may rank in order of preference)* **Year existing system installed:** 1991
(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:** _____ 05/12/2021
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, Tyler Craig, am the legal owner(s) of the property located at 217 Spring Run Dr, Mooresville, NC 28117, identified as PIN (Parcel Identification Number)_____, located in Iredell County, North Carolina.

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

_____ 05/12/2021
Signature of Owner(s) Date

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

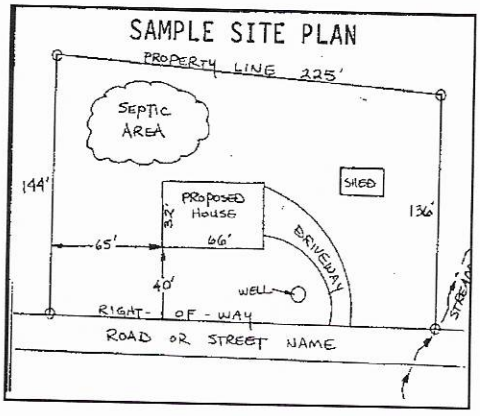
**Statesville - Environmental Health**
ronda.hart@co.iredell.nc.us
Fax: 704-871-3483
349 N. Center Street, Statesville, NC 28677

# 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)**

05/12/2021

**DATE**

09242 4636-84 1005

# 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 Concordia Construction DATE Nov. 22, '89 PERMIT NO. 2K-9-A-115

PHONE: Business ________ Home ________

LOCATION 1100 TL 1179 (Canvasback) TR Spring Run Drive ~1/4 mile on Right

SUBDIVISION NAME Mallard Head II S. R. No. ________ LOT NO. 115 SECTION OR BLOCK NO. ________

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

No. Bedrooms 4 No. Bathrooms 3 1/2

Garbage Disposal Unit Yes ( ) No (✓)

Auto. Dishwasher Yes (✓) No ( )

Auto. Wash. Machine Yes (✓) No ( )

Site ~~Suitable~~ PS Yes (✓) No ( )

Character & Porosity of Soil Clay

Percolation Rate c.3-.4

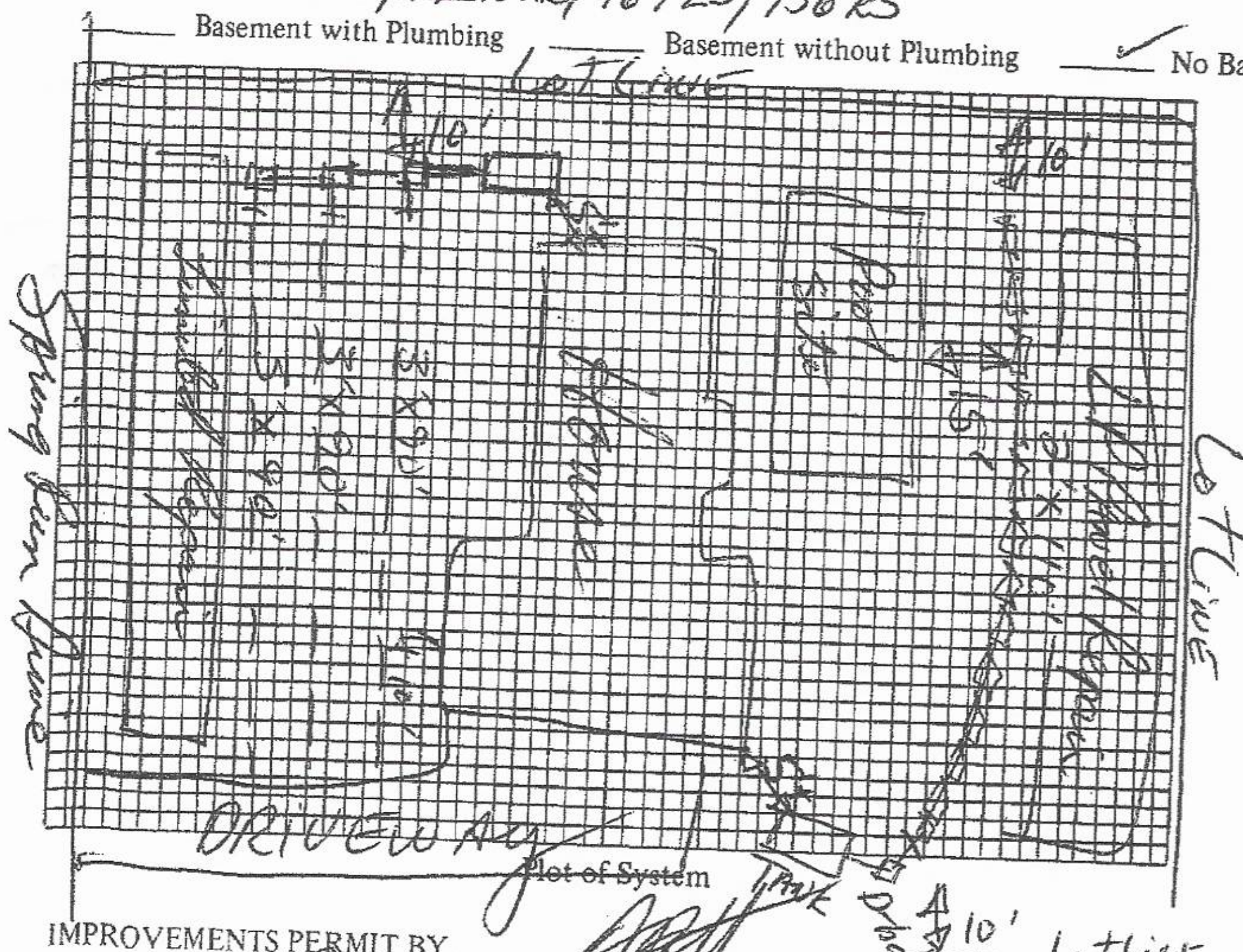
Topography 0-8%

Depth to Water Table 64"

Rock or other impervious formations none obs.

Lot Area 120' road, 140' Rear, 167' LS, 156' RS

____ Basement with Plumbing ____ Basement without Plumbing ✓ No Basement




Plot of System

Front Split System

Size of Tank 1000 Gals.

Nitrification Field:

No. of Lines 3

Sq. Ft. 810 Linear Ft. 270

Depth of Stone in Lines 12"

Water Supply: Individual ( )

Public (✓) CW

Installed by Rowan Septic Tank

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

Signed: ________

Rear System 1000 gal tank 1 ditch, 2'x110' of 16" T&J panels.

IMPROVEMENTS PERMIT BY [signature]

COMMENTS: Rear system installed in one panel ditch to leave room for swimming pool. Repair to this system will require pumping. Pipe off gutter drains! Provide good surface drainage around rear system especially.

CERTIFICATE OF COMPLETION BY [signature], RS

EXISTING SYSTEM CHECKED BY: ________ DATE 11-22-89

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