115

ICHD–ENVIRONMENTAL HEALTH DIVISION

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

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

PERMIT # AP314674

APPLICANT/OWNER: Bryant McMurray Trustee | PIN # 4636925259

SITE ADDRESS: 534 Canvasback Rd Mooresville NC 28117 | APPLICANT ADDRESS: 534 Canvasback Rd mooresville NC 28117

SITE DIRECTIONS: Brawley School Rd to L on Canvasback Rd, L to continue on canvasback Rd, L to stay | PHONE: 704-699-9762 | ALT. PHONE

SUBDIVISION: Woodland Hills | SECTION: 1 | LOT# 8 | LOT AREA: 0.57 acres | SAP CONTROLLED: [X] YES [ ] NO

Septic Tank	1000 (gal)	STB	766	Date	1-4	DESIGN FLOW: Existing	L.T.A.R.: Existing
Pump Tank	— (gal)	PT	—	Date	—		
Pump Make	—	Model	—	Serial #	—		
# Nitrification Fields	EXISTING	# Lines		Linear Ft.			
Trench Width		Trench Bottom Depth(Low side)		Gravel Depth	Existing		

[ ] 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

[X] GRAVITY [ ] PRESSURE

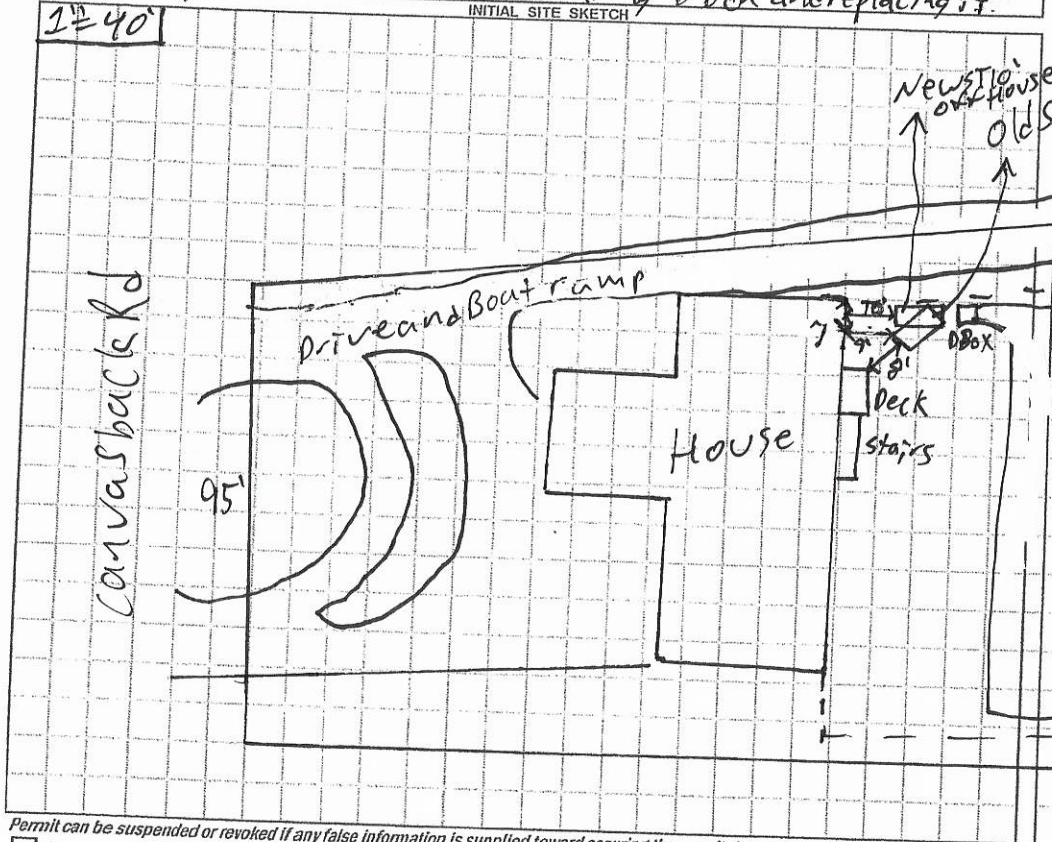
[X] Residence No. Bedrooms Existing
[ ] Business No. Persons Existing
[ ] Other No. Employees
[ ] Slab [ ] Crawl Space
[X] Basement w/plumbing [ ] Basement w/o plumbing

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

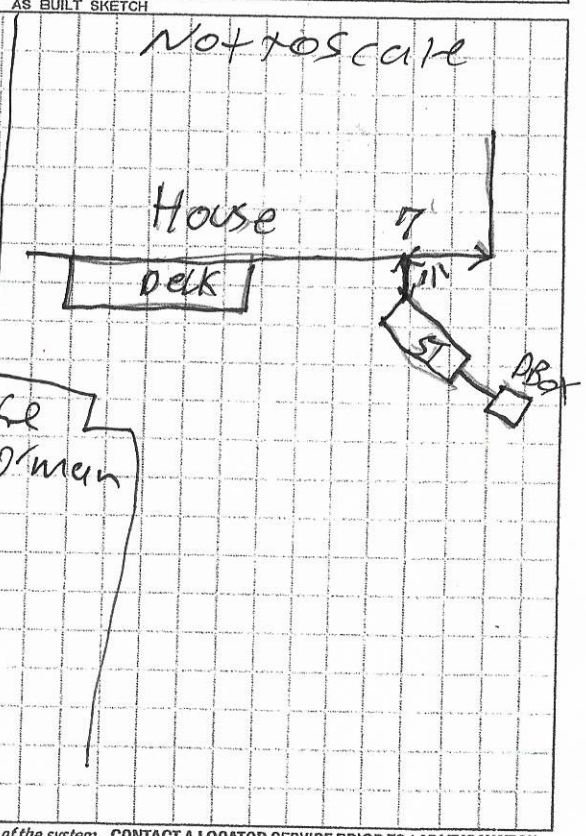
Comments / Conditions: Pump crush and remove old tank. All property lines and corners should be marked during time of installation and inspection. Reccomend Locating DBox and replacing if necessary.

INITIAL SITE SKETCH

1" = 40'



AS BUILT SKETCH



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: Laura Newell

IMPROVEMENT PERMIT by: Patrick J Bagley III Date: 2/8/2021

AUTHORIZATION TO CONSTRUCT by: Patrick J Bagley III Date: 2/5/2021

Installed by: Lentz Wastewater

OPERATION PERMIT by: Patrick J Bagley III Date: 3/3/2021

Existing System Inspected by: Date: 2/5/2021

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

RECEIVED FEB 3 - 2020

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

Repair Evaluation - No Chg

Iredell County Health Department – Environmental Health Division

AP- 314674

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

Applicant Information: (PRINT CLEARLY)

Applicant Name: BRYANT McMURRAY, TRUSTEE **Address:** 534 CANVASBACK RD **Zip:** 28117

Applicant Email: LakeNormanLadda@gmail.com **Phone:** 704.699.9762 **Alt. Phone:**

Owner Name: Same BRYANT McMURRAY TRUSTEE **Address:** 534 CANVASBACK RD **Zip:** 28117

Owner Email: - **Phone:** **Alt. Phone:**

Property Information:

Street Address: 534 CANVASBACK RD

Subdivision Name: WOODLAND HILLS **Section/Phase:** **Lot Number:** 8

Driving Directions:

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

Maximum Number of Bedrooms: 3 Currently 4
Maximum Number of Occupants: 4
( ) Swimming Pool
( ) Other Addition/Structure:
(X) Tank ___ Drain lines Describe Problem: D-Box aka - cracked tank + BD-Box

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: 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: 1979
( ) No Preference ( ) Alternative (X) Conventional ( ) Innovative (X) 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: Bryant McMurray Trustee 1-30-21
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, BRYANT MCMURRAY, TRUSTEE, am the legal owner(s) of the property located at 534 CANVASBACK RD, identified as LOT 5-1 Woodland Hills PB 15-95
PIN (Parcel Identification Number) 4636-92-5259.000 located in Iredell County, North Carolina.
I do hereby authorize (**print legal representative/company name**) Laura Newell eXp Realty
_____, to act as an agent on my behalf in applying for/signing/obtaining any of the documents described below. 704.699.9762

- 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.

Bryant McMurray, Trustee
Signature of Owner(s)

1-30-21
Date

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

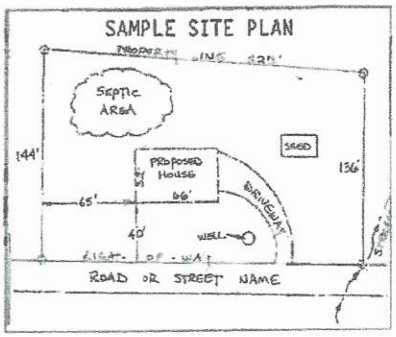
Statesville - Environmental Health
ronda.hart@co.iredell.nc.us
Fax: 704-871-3483
349 N. Center Street, Statesville, NC 28677

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:

- (X) Property Line measurements are clearly identified
- ( ) All proposed structures are indicated
- (X) 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: Laura Newell

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

2/2/21

DATE

4636 92 5259

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 George McKee DATE 8-3-79 PERMIT NO. 269

PHONE: Business _____ Home _____

LOCATION 1100 ft on 1179 at end on left
Canvasback

_____ S. R. No. _____

SUBDIVISION NAME Woodland Acres Hills LOT NO. 8 SECTION OR BLOCK NO. 1

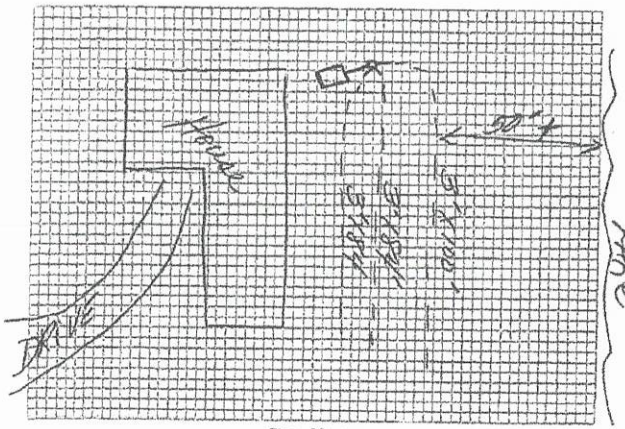
House (✓) Mobile Home ( ) Business ( ) Other _____

No. Bedrooms 3 No. Bathrooms 3

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

Lot Area ½ AC.

Character & Porosity of Soil clay loam
Percolation Rate 8 mpi
Topography 4-6%
Depth to Water Table 6'+
Rock or other impervious formations none obs.



Plot of System

Size of Tank 1500 Gals.
Nitrification Field:
No. of Lines 3
Sq. Ft. 150+ Linear Ft. 350+
Depth of Stone in Lines 10"
Water Supply: Individual ( )
Public (✓)

Installed by Wayne Dobson

IMPROVEMENTS PERMIT BY John Houston

COMMENTS: _____

CERTIFICATE OF COMPLETION BY David R. Hinson DATE 8-3-79

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