ICHD - ENVIRONMENTAL HEALTH DIVISION

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

BB

PERMIT # AP-312466

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

PIN # 4638-06-9698

APPLICANT/OWNER: Ricky L. McBride | APPLICANT ADDRESS: 115 Corbridge Ln Winston-Salem NC 27106

SITE ADDRESS: 163 Broadview Cir Mooresville NC | PHONE: 336-407-6101 | ALT. PHONE N/A

SITE DIRECTIONS: Perth Rd → Fern Hill Rd - Left on Broadview Cir | SAP CONTROLLED: Ex ☐ YES ☐ NO

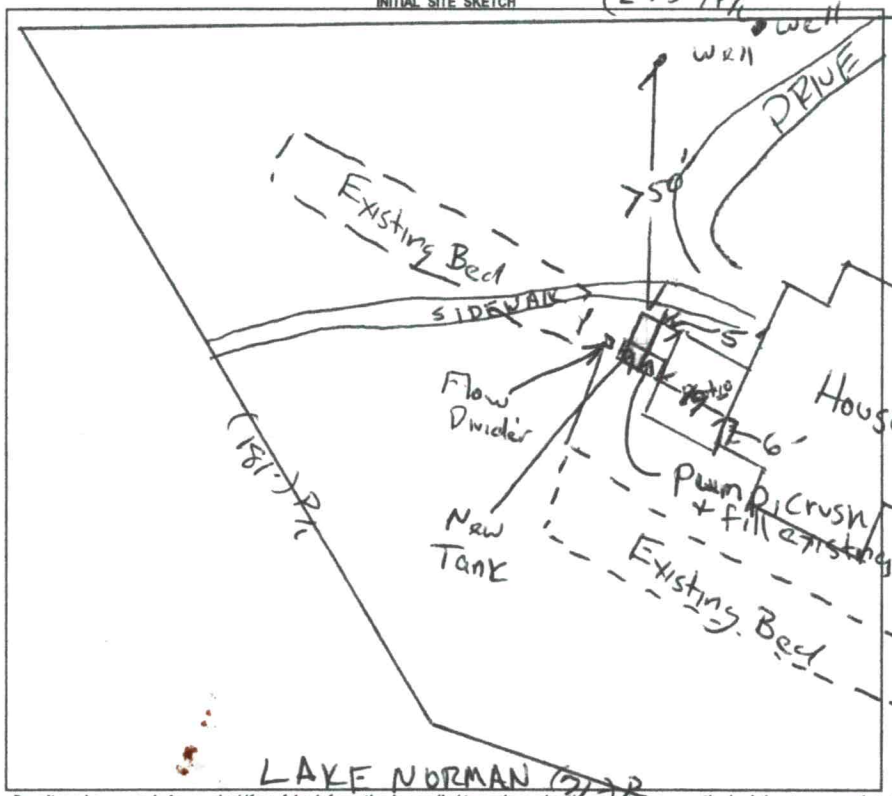
SUBDIVISION: CL+T | SECTION: 515 LOT # 81 | LOT AREA: 0.78 ac | DESIGN FLOW: Ex | L.T.A.R.: Ex

Septic Tank	1000 (gal)	STB	760	Date	10-23-2020	☐ New System ☒ Repair ☐ Expansion	System Type: I (II) III IV V VI	☒ Residence	No. Bedrooms Ex
Pump Tank	(gal)	PT		Date		System Description:		☐ Business	No. Persons Ex
Pump Make		Model		Serial #		Repair System Description: Tank		☐ Other	No. Employees
# Nitrification Fields	Ex	# Lines	Ex	Linear Ft:	Ex	Maintenance Agreement Required:	☐ YES ☒ NO	☒ Slab	☐ Crawl Space
Trench Width	Ex	Trench Bottom Depth(Low side)	Ex	Gravel Depth	Ex	☒ GRAVITY	☐ PRESSURE	☐ Basement w/plumbing	☐ Basement w/o plumbing

Water Supply: ☒ Private ☐ Public ☐ Community

Comments / Conditions: Pump, crush + fill existing tank

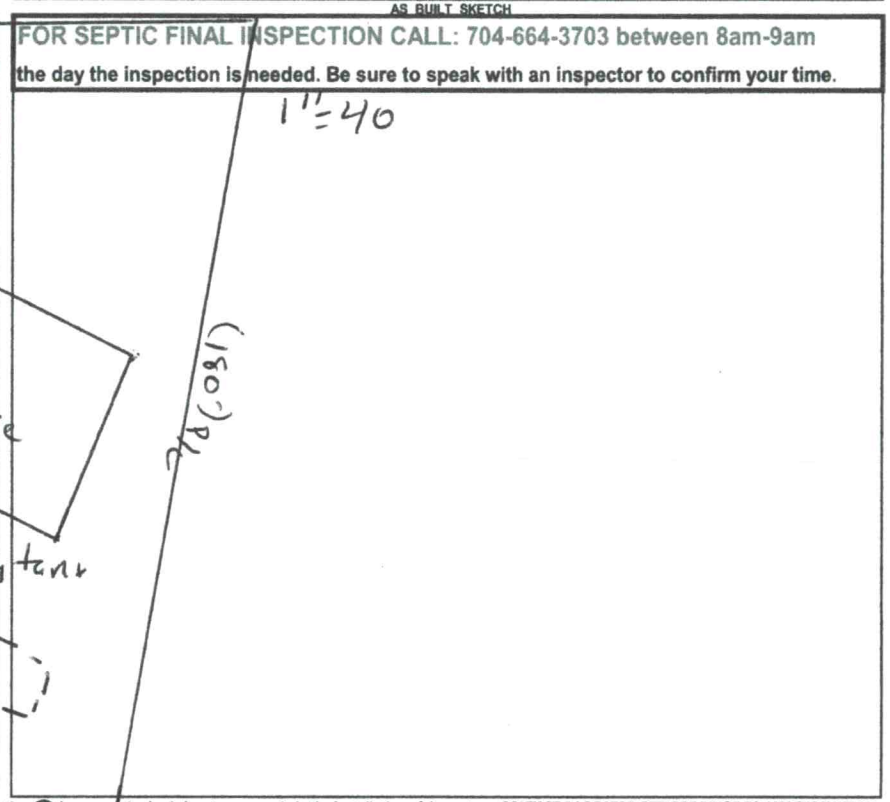
INITIAL SITE SKETCH



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" = 40'



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 plan 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: Ricky L. McBride Date: 11/16/20 | Installed by: Lentz Wastewater

IMPROVEMENT PERMIT by: Date: 11/10/20 | OPERATION PERMIT by: Date: 12-8-2020

AUTHORIZATION TO CONSTRUCT by: Date: 11/10/20 | Existing System Inspected by: Date:

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

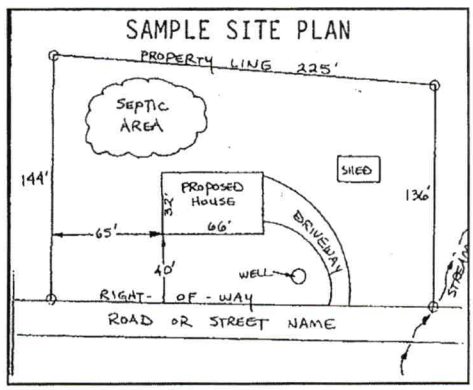
IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

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 OR WELL 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
- ( ) Preferred well location
- ( ) Preferred septic system location
- ( ) 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

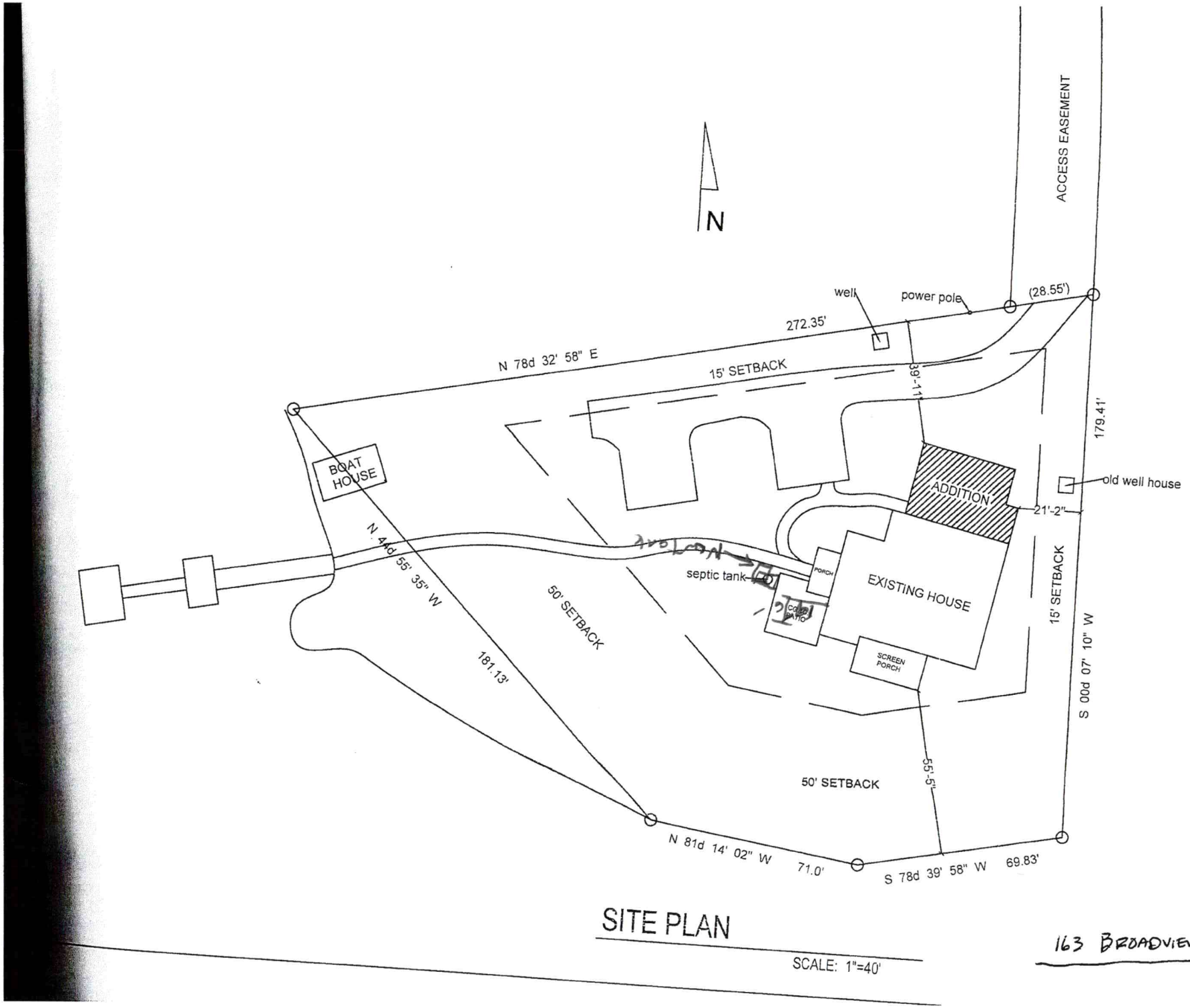
SEE ATTACHED SITE PLAN, SURVEY, IMPROVEMENT PERMIT

Signature: Rick L. McBride

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

11/6/2020

DATE



SITE PLAN

SCALE: 1"=40'

163 BROADVIEW CIRCLE

Public Health
Iredell County Health Department

IREDELL COUNTY DEPARTMENT OF ENVIRONMENTAL HEALTH

Public Health
Iredell County Health Department

DOCUMENTATION TO AUTHORIZE AN OWNER'S LEGAL REPRESENTATIVE

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.

I, Ricky L. McBride, am the legal owner(s) of the property located at 163 Broadview Circle, Mooresville, NC, identified as PIN (Parcel Identification Number) 4638069698.000, 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.

Rick L. McBride 11/6/2020 _____ _____

Signature of Owner(s) Date Signature of Witness Date

Please return this signed form to the appropriate office:

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

Authorizati

STA

IMPROVEMENT PERMIT / CERTIFICATE OF COMPLETION

PROPERTY DESCRIPTION NO. 26380 DATE 4/2/97

OWNER OR CONTRACTOR Richard Blaze

ADDRESS 530 Archer Dr. Winston-Salem, NC. 27107

LOCATION Broadview loop (L) off Fern Hall Rd. (L) on Ll

SUBDIVISION CL+T BLOCK / SECTION 15 LOT 81 LOT AREA E

Septic Tank: Existing Gallons; STB _____ Date _____

Pump Tank: _____ Gallons; PT _____ Date _____

Pump Make: _____ Model _____ Serial No. _____

Nitrification Field: No Fields 1 Square Feet 500 Linear Feet 150

No Lines 3 Trench Width 10' Max Trench Bottom Depth 36" Gravel Dep

☐ New System

System Description

Repair System Des

Maintenance Agree

Comments:

INITIAL SITE SKETCH

