ICHD - ENVIRONMENTAL HEALTH DIVISION

Statesville Office (704) 878-5305 | Mooresville Office (704) 660-3625 | PERMIT # AP320454

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

PIN # 4638--52--7861

APPLICANT/OWNER: David Landers | APPLICANT ADDRESS: 123 Rutan Ct Mooresville NC 28117

SITE ADDRESS: 123 Rutan Ct Mooresville NC 28117 | PHONE: 713-306-2767 | ALT. PHONE

SITE DIRECTIONS: NC150W to Ron Perth Rd, L on Normandy Rd, L on Rutan Ct, Lot at end on L | SAP CONTROLLED: [ ] YES [X] NO

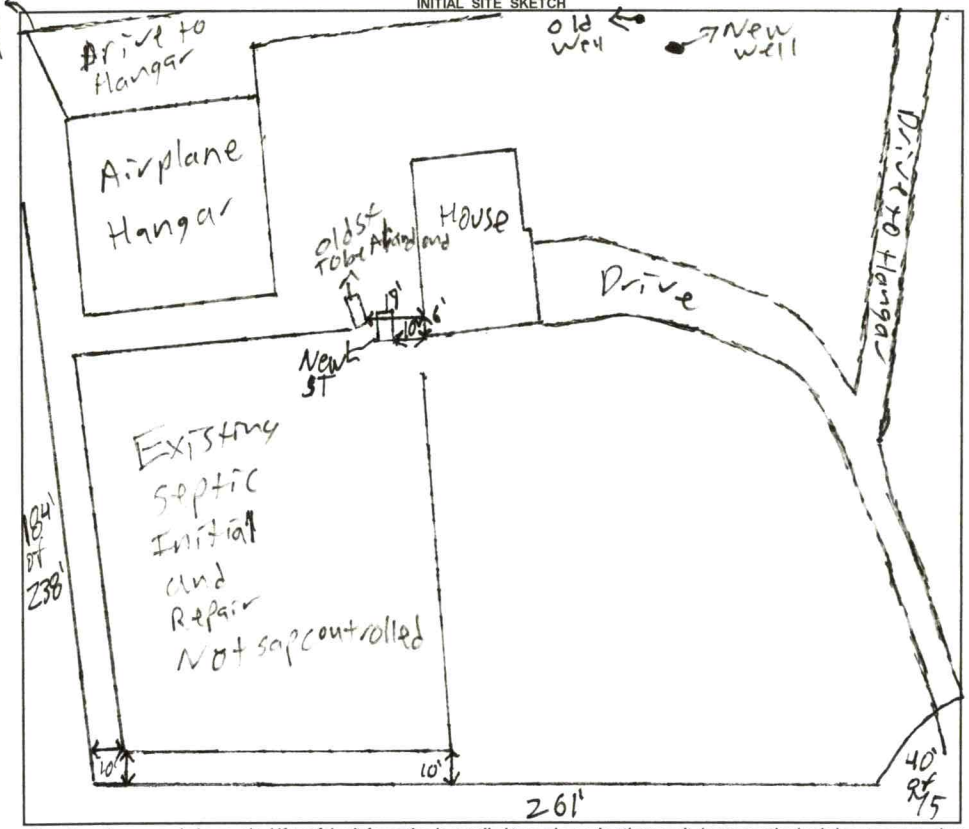
SUBDIVISION: Lake Norman Airpark | SECTION: P4 | LOT # 34 | LOT AREA: 1.88 acres | DESIGN FLOW: Existing | L.T.A.R.: Existing

Septic Tank	1000	(gal)	STB	1260	Date	8-3-21	[ ] New System	[X] Repair	[ ] Expansion	System Type: I (II) III IV V VI	[X] Residence	No. Bedrooms	Existing	Water Supply
Pump Tank	—	(gal)	PT	—	Date	—	System Description:	New Tank			[ ] Business	No. Persons	Existing	[X] Private
Pump Make	—	Model	—	Serial #	—		Repair System Description:	Existing			[ ] Other	No. Employees		[ ] Public
# Nitrification Fields	2	# Lines	5	Lineal Ft:	176		Maintenance Agreement Required:	[ ] YES	[X] NO		[ ] Slab	[ ] Crawl Space		[ ] Community
Trench Width	24"	Trench Bottom Depth(Low side)					Gravel Depth	Existing	[X] GRAVITY	[ ] PRESSURE	[X] Basement w/plumbing			[ ] Basement w/o plumbing

Comments / Conditions: Pump, crush and fill old tank. Find and replace old D Box if nessisary. Install new tank as shallow as possible.

Red Filter D-box Set ST - 154 from house

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: Valerie Landers | Date: 8/24/21 | Installed by: Lentz Wastewater

IMPROVEMENT PERMIT by: Patrick O'Boyle III | Date: 8/18/2021 | OPERATION PERMIT by: Maria Dotson | Date: 10/5/21

AUTHORIZATION TO CONSTRUCT by: Patrick O'Boyle III | Date: 8/18/2021 | Existing System Inspected by: | Date:

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

RECEIVED AUG 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-320454 Repair Eval

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: DAVID LANDERS Address: 123 RUTAN CT Zip: 28117
Applicant Email: N19276@YAHOO.COM Phone: 713 306 2767 Alt. Phone:
Owner Name: DAVID LANDERS Address: 123 RUTAN CT Zip: 28117
Owner Email: N19276@YAHOO.COM Phone: 713 306 2767 Alt. Phone:

Property Information:

Street Address: 123 RUTAN CT MOORESVILLE NC 28117
Subdivision Name: LAKE NORMAN AIRPARK Section/Phase: IV Lot Number: 39
Driving Directions:

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

CHECK FOUNDATION TYPE

( ) New Single Family Residence — Maximum Number of Bedrooms: ____ — ( ) Crawl Space Foundation
( ) New Multi-Family Residence — Maximum Number of Occupants: ____ — ( ) Concrete Slab Foundation
( ) Accessory Building — ( ) Swimming Pool — ( ) Basement with Plumbing
( ) Bedroom(s) Addition — ( ) Other Addition/Structure: ____ — ( ) Basement without Plumbing
(X) Repair to failing septic system (X) Tank ___ Drain lines Describe Problem: CRACKED TANK
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: 1994
( ) No Preference ( ) Alternative (X) 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: _____ 8/10/21
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

IREDELL COUNTY HEALTH DEPARTMENT

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

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

PROPERTY DESCRIPTION NO. 17959 DATE JUNE 8, 1994

OWNER OR CONTRACTOR Robb. S. PORTER, JR. TAX MAP NO. Pt. of 2P -A-14A

ADDRESS 10610 CONISTAN PLACE HUNTERSVILLE NC 28078 PHONE: Business 704-663-5000 Home 704-892-0005

LOCATION LOT ON LEFT AT END OF RUTAN ROAD 1/10 MILE FROM NORMANDY Rd 4638-52-7186

SUBDIVISION LAKE NORMAN AIR PARK BLOCK / SECTION IV LOT 39 LOT AREA 1.88AC SITE CLASS PS 1956 DESIGN FLOW 480 L.T.A.R. 0.25

Watershed: ☐ Yes ☐ No

Septic Tank: 1000 Gallons; STB 794 Date 6/1/94

Pump Tank: Gallons; PT Date

Pump Make; Model: Serial No.

Nitrification Field: No Fields 2 Square Feet 1920 Linear Feet 640

No Lines 6 Trench Width 36" Max Trench Bottom Depth 30" Gravel Depth 12"

☒ New System ☐ Repair System Type: I, II, III, IV, V, VI

System Description: gravity conventional

Repair System Description: gravity PPBRS

Maintenance Agreement Required: ☐ Yes ☒ No

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

No. Bedrooms 4 No. Bathrooms 3 No. Employees

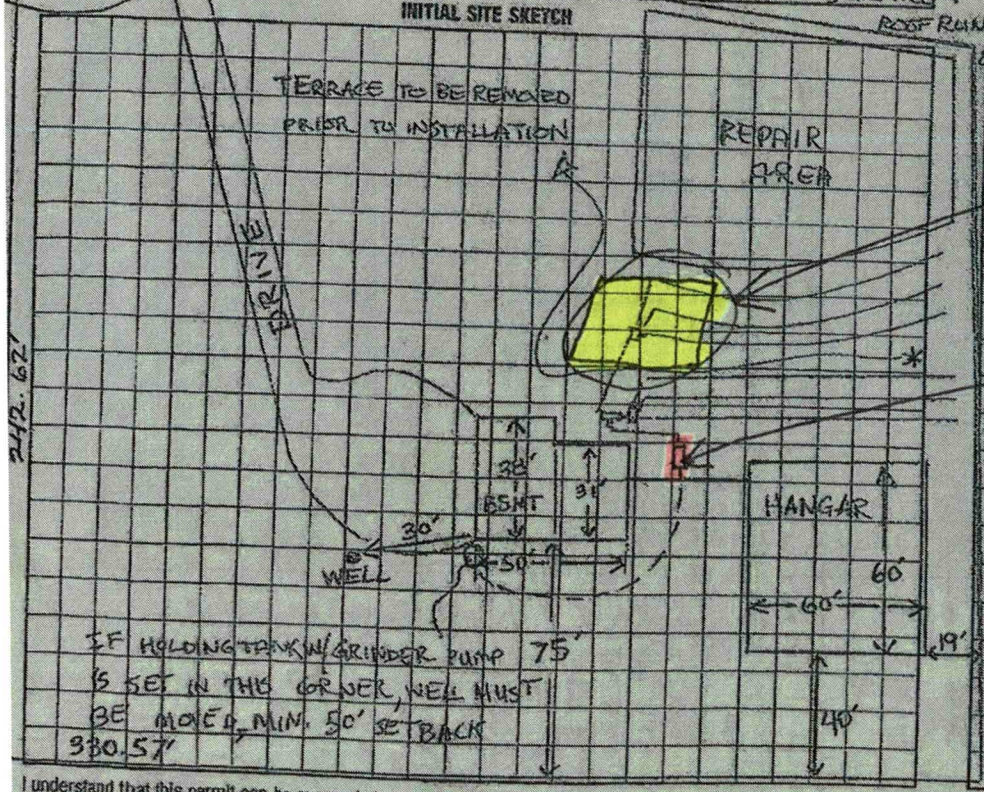
☐ Slab ☒ Crawl Space ☐ Basement w/plumbing ☒ Basement wo/plumbing

Water Supply: ☒ Individual ☐ Community ☐ Public

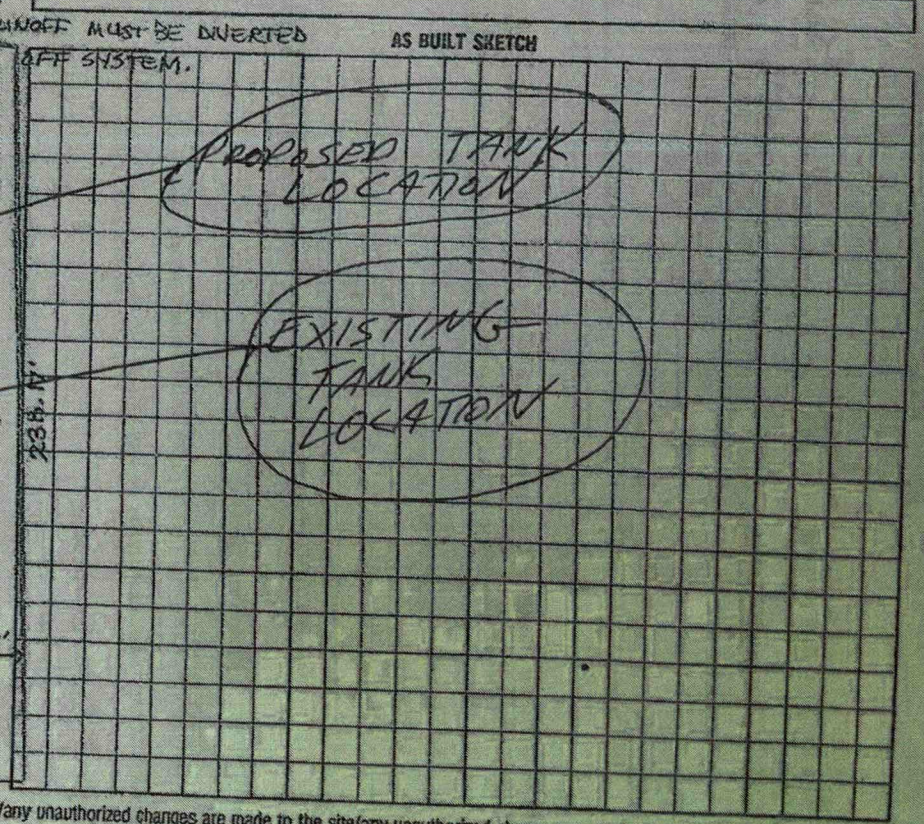
Comments: DO NOT INSTALL DURING WET SOIL CONDITIONS. LINES MUST BE ON CONTOUR / SO SHOOT ELEVATIONS & REFLAG BEFORE EXCAVATION BEGINS MAKE ANY NECESSARY ADJUSTMENTS TO LAYOUT AFTER CONTACTING DEPT. SURFACE & ROOF RUNOFF MUST BE DIVERTED OFF SYSTEM.

Comments:

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. Improvement Permit is valid for 60 months from date of issuance.

Signed: Robb S Porter Jr by Cheryl C Carter

Improvement Permit by: Andrea Lemon date 6-8-94

Existing System Inspection by: date

Installed by: Randy Sipe

Certificate of Completion by: Wesley Sparks RS date 8/25/94

Operation Permit by: date

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

12/10/19

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, _____, 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
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