IREDELL COUNTY HEALTH DEPARTMENT

KW Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 235218

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

PIN # 4638571419

APPLICANT/OWNER: George Hobson APPLICANT ADDRESS: 153 Folkstone Rd Mooresville, NC 28117

SITE ADDRESS: 153 Folkstone Mooresville, NC PHONE: ALT. PHONE 704 576-3887 Michael

SITE DIRECTIONS: Perth Rd TL Stumpy Creek TL Collingswood TR Folkstone on left SAP CONTROLLED: ☐ YES ☒ NO

SUBDIVISION: Richard Haustman SECTION: LOT # 1 LOT AREA: 1.54Ac DESIGN FLOW: 480gpd L.T.A.R.: .3

Septic Tank Ex 1000 (gal)	STB	Date	☐ New System ☐ Repair ☐ Expansion System Type: I II III IV V VI	☒ Residence	No. Bedrooms	4	Water Supply
Pump Tank (gal)	PT	Date	System Description: Existing Gravity-Convent.	☐ Business	No. Persons	8	☒ Private
Pump Make	Model	Serial #	Repair System Description: Pump - 25% Reduction	☐ Other	No. Employees		☐ Public
# Nitrification Fields	# Lines	Existing Linear Ft	Maintenance Agreement Required: ☐ YES ☒ NO	☐ Slab	☐ Crawl Space		☐ Community
Trench Width	Trench Bottom Depth(Low side)		Gravel Depth ☒ GRAVITY ☐ PRESSURE	☐ Basement w/plumbing			☐ Basement w/o plumbing

Comments / Conditions: Existing Septic System appears to be functioning OK at time of inspection.

INITIAL SITE SKETCH

See attached, approved drawing by Michael Athanas & Assoc. (dated 4/24/18)

AS BUILT SKETCH

Existing System
Client to sign & receive
-copy of permit.

Amount Owed $ 0

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**

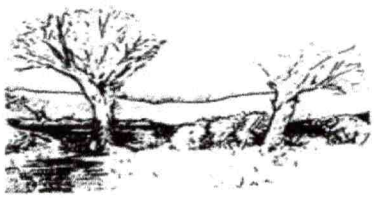
☐ **IMPROVEMENT PERMIT** ***with plat*** *valid without expiration.* ☐ **IMPROVEMENT PERMIT** ***with site plan*** *valid for 60 mos.* ☐ **AUTHORIZATION TO CONSTRUCT** *valid for period equal to IMPROVEMENT PERMIT--not to exceed 60 mo.*

Owner / Applicant Signature: Date: Installed by:

IMPROVEMENT PERMIT by: Date: OPERATION PERMIT by: Date:

AUTHORIZATION TO CONSTRUCT by: Date: Existing System Inspected by: Marie Dotson Date: 5/7/18

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.

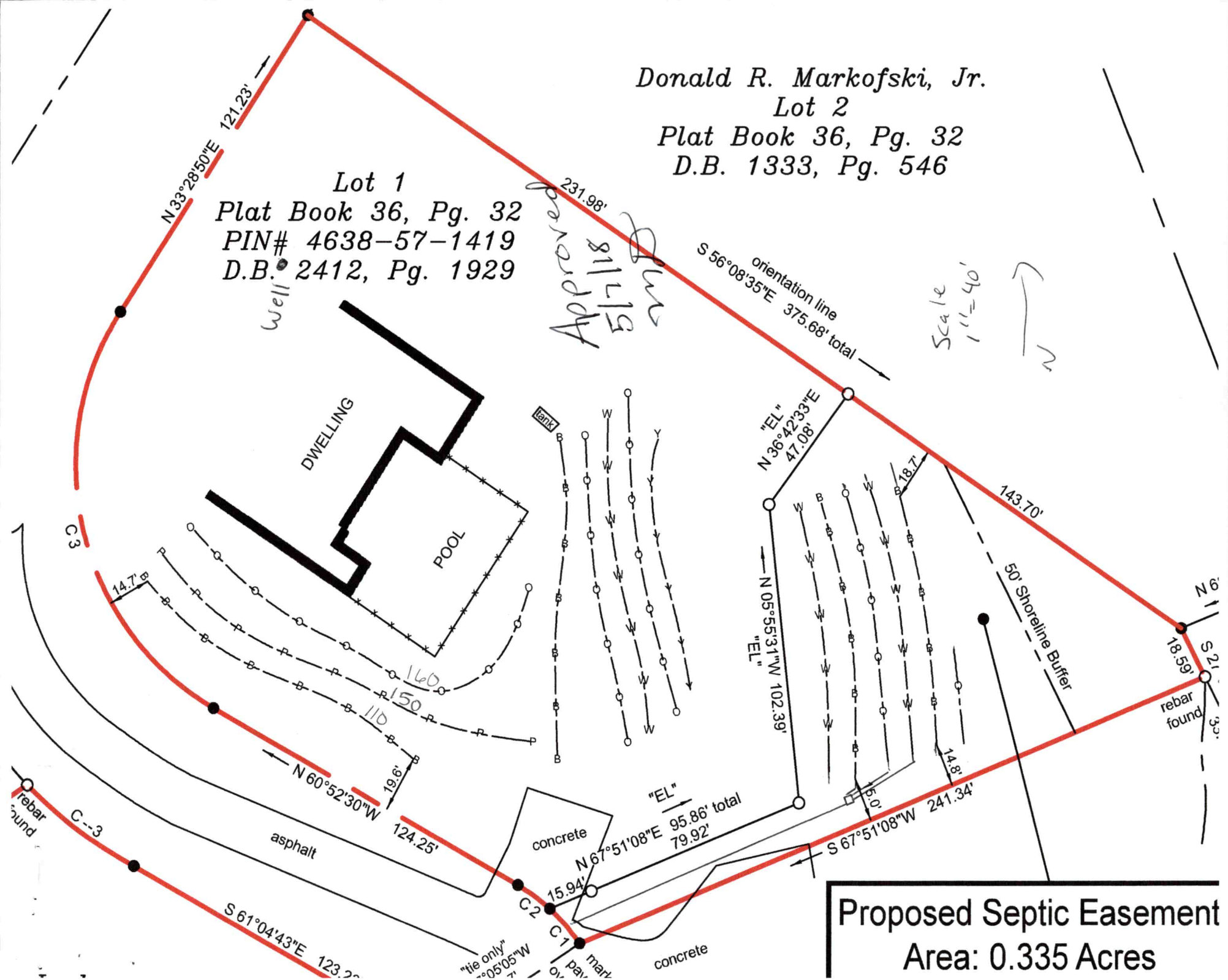


MICHAEL ATHANAS & ASSOCIATES
LICENSED SOIL SCIENTIST
561 Ennis Rd.
Weddington, NC 28173
(704) 576-3887

Approved
MD
5/7/18

Reference: 153 Folkstone Rd.

MA&A are creating an easement for the septic system of CL&T Sec 14 Lot 2 on the above referenced lot. The attached site plan shows the easement, the existing system and the permitted repair area. The SFE does not impact the existing system or the repair area. The current permit for this property is attached.


Donald R. Markofski, Jr.
Lot 2
Plat Book 36, Pg. 32
D.B. 1333, Pg. 546
Lot 1
Plat Book 36, Pg. 32
PIN# 4638-57-1419
D.B. 2412, Pg. 1929
Well
Approved 8/11/19
N 33°28'50"E 121.23'
231.98'
S 56°08'35"E 375.68' total
orientation line
Scale 1"=40'
DWELLING
POOL
tank
"EL" N 36°42'33"E 47.08'
"EL" N 05°55'31"W 102.39'
143.70'
18.7'
50' Shoreline Buffer
18.59'
rebar found
S 67°51'08"W 241.34'
14.8'
5.0'
"EL" N 67°51'08"E 95.86' total 79.92'
15.94'
N 60°52'30"W
19.6'
124.25'
asphalt
concrete
C-3
C2
C1
S 61°04'43"E
"tie only"
concrete
160
150
110
14.7'
Proposed Septic Easement
Area: 0.335 Acres

IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 12064470 PIN# 4638571419 DATE 2-4-05

OWNER OR CONTRACTOR SunFun Pool Company/Robert Cumins PHONE: Business 873-2321 Home

ADDRESS 117 E. Broad St Statesville, NC 28677

LOCATION Perth Rd TL Stumpy Creek TL Collingswood TR Folk Stone on left

SUBDIVISION Haustman BLOCK / SECTION LOT 1 LOT AREA 1.54 Acre SITE CLASS. PS DESIGN FLOW 480 L.T.A.R. .3

Septic Tank: 1000 Gallons; STB Date

Pump Tank: Gallons; PT Date

Pump Make: Model Serial No. -

Nitrification Field: No Fields 1 Square Feet 1600 Linear Feet 533

No Lines 5@107 Trench Width 36" Max Trench Bottom Depth 36 Gravel Depth 12

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

System Description: Existing Gravity-Convent

Repair System Description: Pump Innovate

Maintenance Agreement Required: ☐ Yes ☒ No

☒ House/Mod. Home No. Bedrooms 4

☐ Mobile Home No. Bathrooms 2.5

☐ Business No. Employees

☐ Other

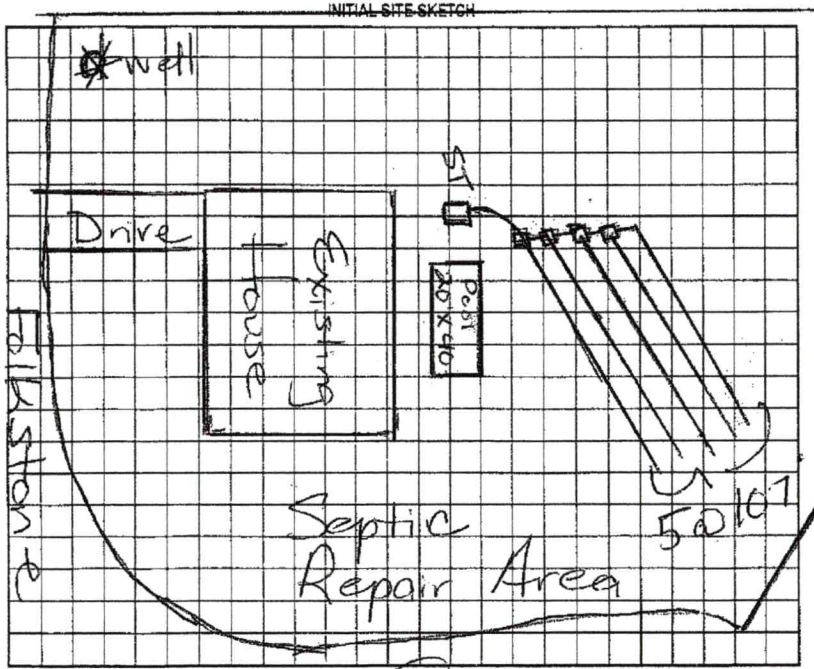
☐ Slab ☒ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☒ Individual ☐ Public ☐ Community

Comments/Conditions: Existing Septic System appears to be functioning okay at time of inspection

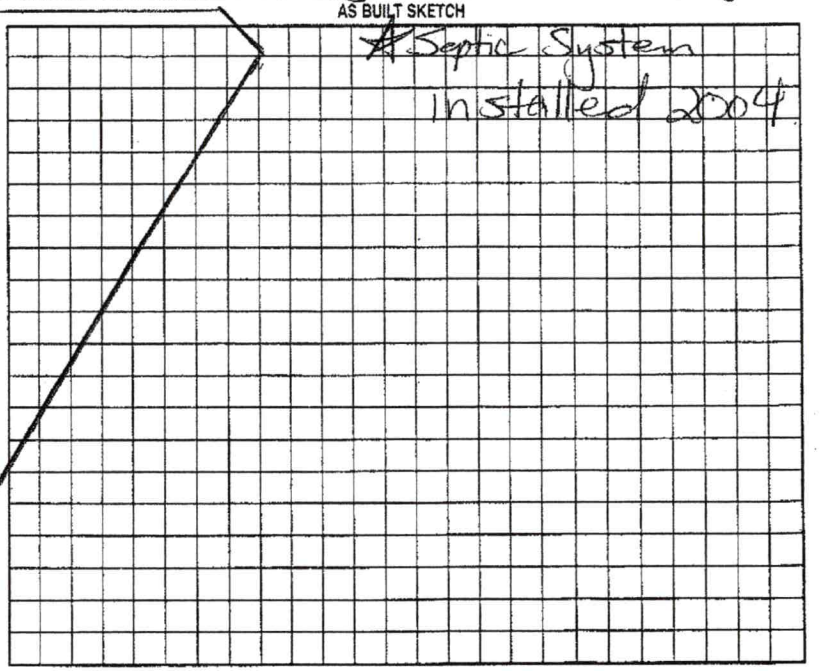
Comments/Conditions: Swimming pool meets required setback of 15ft or greater to Septic System

INITIAL SITE SKETCH



Scale 1:60

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. Improvement Permit with plat valid without expiration. Improvement Permit with site plan valid for sixty months. Authorization to Construct is valid for a period equal to that of Improvement Permit – not to exceed sixty months.

Signed: Robert W. Cumins date

Installed by:

Improvement Permit by: date

Operation Permit by: date

Authorization to Construct by: Maria H. Dotson date 2/4/05

Existing System Inspection by: Maria H. Dotson date 2/4/05

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

RECEIVED APR 2 7 2018

IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

APPLICATION FORM Paid $ 200.00

Application For: ( ) New Well Permit ( ) Well Repair Permit ( ) Well Abandonment
( ) Septic Improvement Permit ( ) Authorization to Construct (X) 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 #235218

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 ( ) Custom Site Plan, scaled no more than 1 inch = 60 feet

****

Applicant Information: **(PRINT CLEARLY)**

Applicant Name: George Hobson **Address:** 153 Folkstone Rd, Mooresville, NC **Zip:** 28117

Applicant Email: _____ **Phone:** _____ **Alt. Phone:** _____

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

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

****

Property Information:

Street Address: 153 Folkstone Rd

Subdivision Name: Richard H Haustman **Section/Phase:** _____ **Lot Number:** 1

Driving Directions: Linwood, TL Teeter, TR Rain Shadow, TL Avensong, on LT

****

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

X Creating a Septic Easement on the Property

( ) New Single Family Residence **Maximum Number of Bedrooms:** 4 **CHECK FOUNDATION TYPE**
( ) New Multi-Family Residence **Maximum Number of Occupants:** _____ ( ) Crawl Space Foundation
( ) Accessory Building ( ) Swimming Pool ( ) Concrete Slab Foundation
( ) Bedroom(s) Addition ( ) Other Addition/Structure: _____ ( ) Basement with Plumbing
( ) Repair to failing septic system ___ Tank ___ Drain lines **Describe Problem:** _____ ( ) 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 (X) Existing Well ( ) Community Well ( ) City Water ( ) Other Public Water

****

Desired Septic System Type: ***(you may rank in order of preference)*** **Year existing system installed:** 2004
( ) 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: _____ 4/24/2018
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) **DATE**

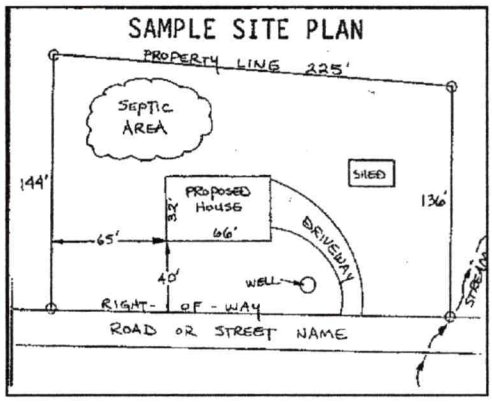
IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

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 Plan

Signature: _____ 4/24/2018

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

ENVIRONMENTAL HEALTH REQUIREMENTS for SEPTIC and WELL PERMITS

The following items must be completed *PRIOR* to the *SUBMITTAL* of any Environmental Health Application. Incomplete applications will be returned to the applicant and cannot be processed or placed on the work list.

*** Initial all lines below to indicate you have submitted each form and completed every site requirement ****

✓ **Complete all Environmental Health forms**:
- ✓ Application
- ✓ Site Plan with dimensions of proposed structure, addition, pool etc.
- ✓ Documentation to Authorize Owner Agent (if the property owner is not the applicant)
- ✓ Copy of Zoning Permit when applicable
- ✓ Sign this sheet after you have completed all items

✓ **Lot must be cleared of heavy undergrowth.** In order to evaluate the lot, the footprint of the proposed structure must be visible. Adequate area for the septic drain field and repair area must be sufficiently cleared of heavy undergrowth, with **50 feet of visibility** in all directions. Inspectors must be able to evaluate the property, shoot laser level elevations, layout the drain field, do soils work, etc. **If the lot is not cleared sufficiently, then a $100 site revisit fee will be charged and the evaluation will be put on HOLD until the requirement is met.**

✓ **Clearly mark all property corners by locating existing iron or concrete markers**. Flag all property lines every 25 feet if adjacent corners are not visible when standing on any given corner. Property lines must be flagged by a licensed NC surveyor & easily identified **prior to application submittal** (exception may apply for septic repair evaluations only).
'Mow lines' and/or fence lines do NOT constitute marked lines. **If the property lines are not properly marked when the lot is ready to be evaluated, then the application will be put on HOLD and a $100 site re-visit fee charged**.

✓ **Stake or flag the footprint of the proposed structure, addition, pool etc. to match the site plan submitted.** The proposed structure, etc. **must be staked** out on the property as per the site plan.

✓ If an **Authorization to Construct (AC) is desired**, submit a recorded copy of the plat for newly created or subdivided lot(s) and a LEGIBLE copy of the basic floor plan no larger than 8 ½" x 14" for each floor of the structure including decks, porches, etc. **The overall dimensions must be clearly noted & the rooms labeled.**

Any site not meeting the above requirements when staff arrives for the evaluation will result in a $100 site revisit fee being charged and the request being placed on HOLD. This will delay the processing of the application.
Once work by Environmental Health staff begins, the up-front fees paid toward securing any health department permit are non-refundable. Refunds for work not started, due to a customer changing their mind or plans, are subject to an administrative fee of $50 to defray a portion of the costs of processing the refund.

Backhoe pits are required for all applications that require a soils evaluation.
DO NOT DIG PITS UNTIL THE EH SPECIALIST HAS AUTHORIZED AND SCHEDULED YOUR EVALUATION TIME.
- **All utilities shall be marked before pits are dug. Call NC 811 for this service.**
- **The applicant/agent is responsible for securing these services**
- **Backhoe pits are to be dug at the locations and depths determined by the Environmental Health Specialist or a NC Licensed Soil Scientist. A minimum of four pits must be dug.**
- **The EH specialist will contact you when your application is ready to be processed for pit scheduling.**
- **Your backhoe operator must be on site during the EH Specialist's evaluation to prevent your operator from having to return to the property for additional work.**

By signing below I am acknowledging the above specifications have been met and the site is READY to be evaluated AND I understand the backhoe pit requirement and will secure those services (if applicable).

Signature _____ **Date** 4/24/2018

Questions? Contact the Environmental Health Offices below:

Statesville Office
349 North Center Street (2nd Floor Building Standards)
Statesville, NC 28677-4063
Phone: (704)878-5305 ext. 3456

Mooresville Office
610 East Center Avenue (2nd Floor Govt. Center South)
Mooresville, NC 28115-2548
Phone: (704)660-3625

IREDELL COUNTY DEPARTMENT OF ENVIRONMENTAL HEALTH

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, GEORGE HOBSON AND SONYA HOBSON, am the legal owner(s) of the property located at 153 FOLKSTONE ROAD MOORESVILLE, NC, identified as PIN (Parcel Identification Number) 4638-57-1419, located in Iredell County, North Carolina.

I do hereby authorize (**print legal representative/company name**) Michael Athanas & Assoc, _____, 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	Signature of Witness	Date
[signature]	19 APR 18	Ray E. Jackson	4-19-18
Sonya Hobson	19 APR 18	Jane C. Jackson	4-19-18

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

SIGN HERE