ICHD - ENVIRONMENTAL HEALTH DIVISION

Statesville Office (704) 878-5305 | Mooresville Office (704) 660-3625 | PERMIT # 308907

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

PIN # 4638689858

APPLICANT/OWNER: Bryon Cameron | APPLICANT ADDRESS: 145 Stumpy Creek Rd 28117

SITE ADDRESS: 145 Stumpy Creek Rd 28117 | PHONE: 704-968-5243 | ALT. PHONE 704 585-6625

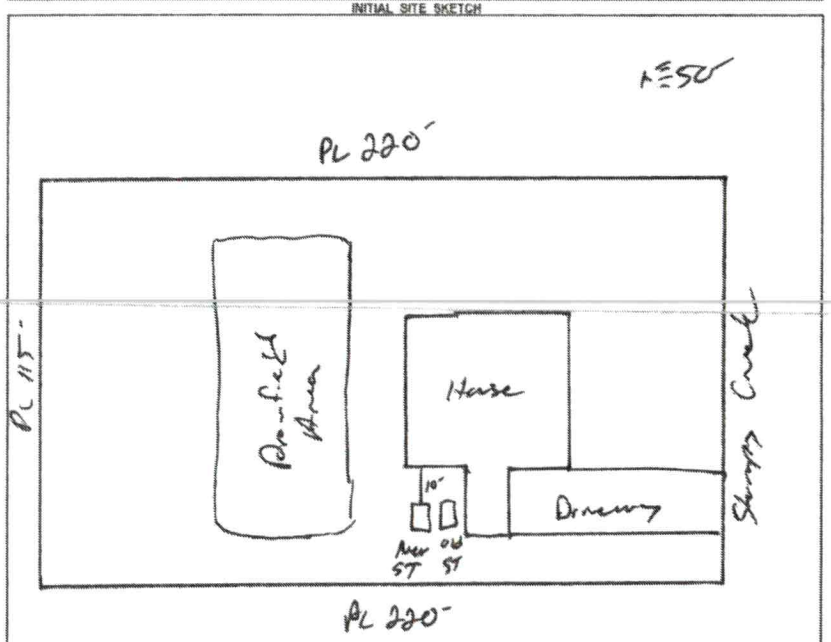
SITE DIRECTIONS: 150 W from 77 Right on Perth L on Stumpy Creek House on L | SAP CONTROLLED: ☐ YES ☐ NO

SUBDIVISION: Harbor View Pelican Point | SECTION: 2 | LOT # 9 | LOT AREA: 0.58 | DESIGN FLOW: Existing | L.T.A.R.: Existing

Septic Tank 1000 (gal)	STB inft Invert	Date plastic	☐ New System ☒ Repair ☐ Expansion System Type: I II III IV V VI	☒ Residence	No. Bedrooms Ext	Water Supply
Pump Tank (gal)	PT	Date	System Description:	☐ Business	No. Persons Ext	☐ Private
Pump Make	Model	Serial #	Repair System Description: Tank	☐ Other	No. Employees	☐ Public
# Nitrification Fields X	# Lines 1	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	

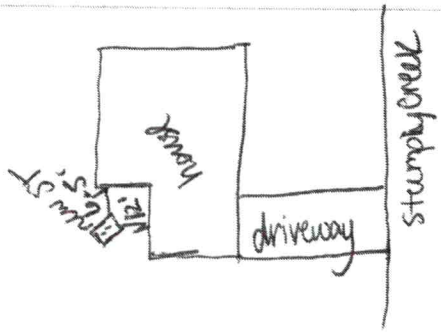
Comments / Conditions: Pump Cash and fill old tank. Inspect D Box and replace if needed.

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.* ☑ **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: Bryon Cameron Date: 7-21-2020 Installed by: Kevin Powell

IMPROVEMENT PERMIT by: Date: 7-16-2020 OPERATION PERMIT by: Carla C. Nicks Date: 9-20-20

AUTHORIZATION TO CONSTRUCT by: Date: 7-16-2020 Existing System Inspected by: Date:

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

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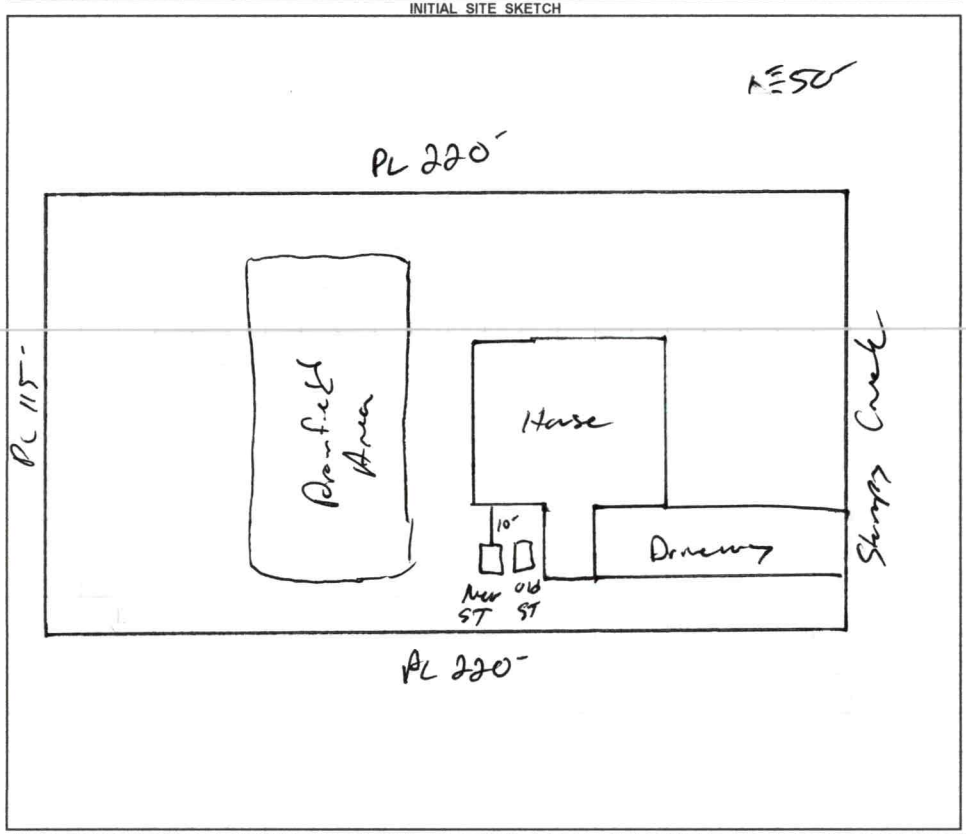
SITE DIRECTIONS: 150 W from 77 Right on Parth L on Stumpy Creek House on L | SAP CONTROLLED: ☐ YES ☐ NO

SUBDIVISION: Harbor View Pelican Point | SECTION: - | LOT # 9 | LOT AREA: 0.58 | DESIGN FLOW: Existing | L.T.A.R.: Existing

Septic Tank 1000 (gal)	STB	Date	☐ New System	☒ Repair	☐ Expansion	System Type: I (II) III IV V VI	☒ Residence	No. Bedrooms Ext	Water Supply
Pump Tank (gal)	PT	Date	System Description:				☐ Business	No. Persons Ext	☐ Private
Pump Make	Model	Serial #	Repair System Description: Tank				☐ Other	No. Employees	☐ Public
# Nitrification Fields ~~X~~	# Lines ~~X~~	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: Pump Crash and fill old tank. Inspect D Box and replace if needed.

INITIAL SITE SKETCH



AS BUILT SKETCH

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Owner / Applicant Signature: [signature] Date: 7-21-2020 Installed by:

IMPROVEMENT PERMIT by: [signature] Date: 7-16-2020 OPERATION PERMIT by: Date:

AUTHORIZATION TO CONSTRUCT by: [signature] Date: 7-16-2020 Existing System Inspected by: Date:

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

RECEIVED JUL 0 9 2020

repair Exist.

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*

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: Bryan Cameron **Address:** 145 Stumpy Creek Rd. **Zip:** 28117

Applicant Email: bcameron@lockelaneconstruction.com **Phone:** 704-968-5243 **Alt. Phone:** 704-585-6625

Owner Name: Bryan Cameron **Address:** 145 Stumpy Creek Rd. **Zip:** 28117

Owner Email: bcameron@lockelaneconstruction.com **Phone:** 704-968-5243 **Alt. Phone:** 704-585-6625

Property Information:

Street Address: 145 Stumpy Creek Rd.

Subdivision Name: Harbor View **Section/Phase:** _____ **Lot Number:** 9

Driving Directions: 150 West from I-77,Right on Perth Rd., Left on Stumpy Creek Rd., House on Left

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:** Wrong Size Lid and Cracks in Walls

Maximum Number of Bedrooms: 4
Maximum Number of Occupants: 5
( ) Swimming Pool
( ) Other Addition/Structure: _____

(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 (X) Community Well ( ) City Water ( ) Other Public Water

Desired Septic System Type: ***(you may rank in order of preference)*** **Year existing system installed:** 1996/2012
( ) 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: Bryan Cameron 7/9/2020

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, _____, 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