ICHD - ENVIRONMENTAL HEALTH DIVISION

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

PERMIT # 308002.

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

PIN # 4638863081.000 ✓

APPLICANT/OWNER: James Dennis Hudson. APPLICANT ADDRESS: 106 Hideaway Ln Mooresville NC 28117.

SITE ADDRESS: 106 Hideaway Ln Mooresville NC 28117. ✓ PHONE: — ALT. PHONE 704-309-0651 - Kelly Cell

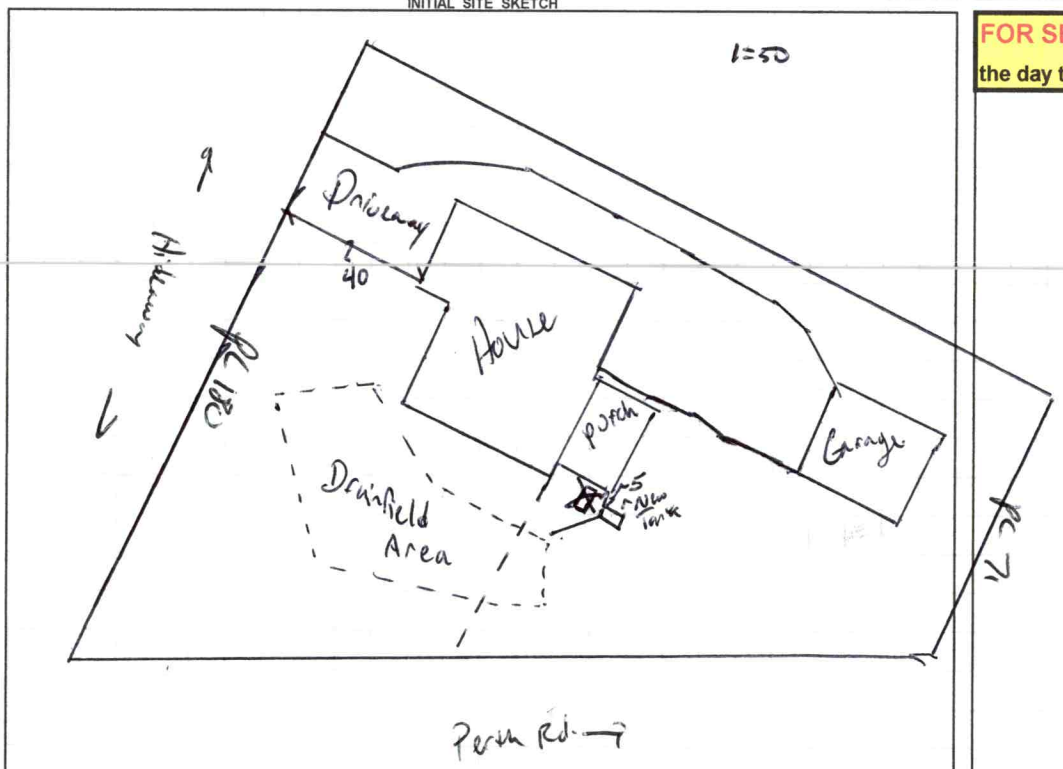
SITE DIRECTIONS: Hwy 150 to Perth Rd @ on Hideaway Ln House on Right SAP CONTROLLED: ☐ YES ☒ NO

SUBDIVISION: Harborview Herring Bay ✓ SECTION: 1 ✓ LOT # 1 ✓ LOT AREA: .63 Acres DESIGN FLOW: 360 L.T.A.R.: EXT

Septic Tank	1000	(gal)	STB 583	Date 5/25/2020	☐ New System	☒ Repair	☐ Expansion	System Type: I II ⓘ IV V VI	☒ Residence	No. Bedrooms 3	Water Supply
Pump Tank	—	(gal)	PT —	Date —	System Description:				☐ Business	No. Persons 6	☐ Private
Pump Make	—	Model —		Serial # —	Repair System Description:	Tank Replacement			☐ Other	No. Employees	☐ Public
# Nitrification Fields	1	# Lines	EXT	Linear Ft EXT	Maintenance Agreement Required:	☐ YES	☒ NO		☒ Slab	☐ Crawl Space	☒ Community
Trench Width	EXT	Trench Bottom Depth(Low side)	EXT	Gravel Depth EXT	☒ GRAVITY	☐ PRESSURE			☐ Basement w/plumbing		☐ Basement w/o plumbing

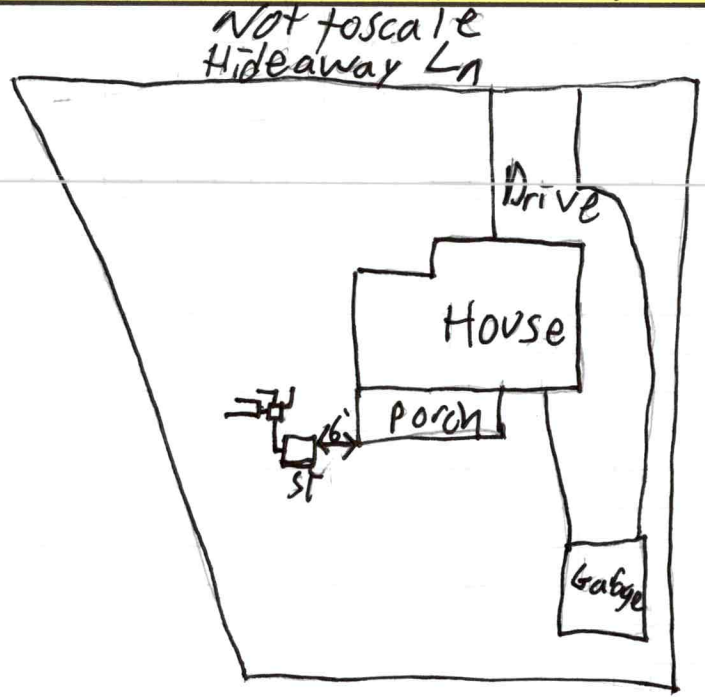
Comments / Conditions: Pump - crush - Fill old Septic Tank - Keep new 1,000 gallon Tank 5ft from Porch Footer - Inspect and Replace D-Box if Necessary.

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: Date: 6/15/20 Installed by: Rays well and septic

IMPROVEMENT PERMIT by: Benjamin A Bell Date: 6/15/2020 OPERATION PERMIT by: Patrick J Boyle III Date: 7/9/2020

AUTHORIZATION TO CONSTRUCT by: Benjamin A Bell Date: 6/15/2020 Existing System Inspected by: Date:

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

AP-308002
Repair Evaluation

RECEIVED JUN 0 5 2020

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: James Dennis Hudson **Address:** 106 Hideaway Ln, Mooresville NC **Zip:** 28117
Applicant Email: Kelly Lee (Contact) **Phone:** 704.309.0651 **Alt. Phone:**
Owner Name: James Dennis Hudson **Address:** **Zip:**
Owner Email: **Phone:** **Alt. Phone:**

Property Information:

Street Address: 106 Hideaway Ln, Mooresville NC 28117

Subdivision Name: Harbor View **Section/Phase:** 1 **Lot Number:** 1

Driving Directions: I77N to exit 36, turn left on River HWY, turn right on Perth Rd, turn left on Hideaway Ln

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

CHECK FOUNDATION TYPE

( ) New Single Family Residence — Maximum Number of Bedrooms: 3 — ( ) Crawl Space Foundation
( ) New Multi-Family Residence — Maximum Number of Occupants: 2 — (x) 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: cracks on underside top of 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 (x) Community Well ( ) City Water ( ) Other Public Water

Desired Septic System Type: ***(you may rank in order of preference)*** Year existing system installed: 1999
( ) 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: James Dennis Hudson 6-4-2020
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) James Dennis Hudson

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, James Dennis Hudson, am the legal owner(s) of the property located at 106 Hideaway Ln, Mooresville NC 28117, identified as PIN (Parcel Identification Number) 4638-86-3081.000, located in Iredell County, North Carolina.

I do hereby authorize (print legal representative/company name) ~~Ray's Well and Septic~~ Kelly Leed JDH, to act as an agent on my behalf in applying for/signing/obtaining any of the documents described below.

James D. Hudson 06/15/2020 03:35 PM GMT

- 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.

James Dennis Hudson
Signature of Owner(s)

6-4-2020
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