ICHD–ENVIRONMENTAL HEALTH DIVISION

Statesville Office (704) 878-5305 | Mooresville Office (704) 660-3625 | PERMIT # AP-307796

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

PIN # 4638-87-2313

APPLICANT/OWNER: Jerry + Brenda Bohannan | APPLICANT ADDRESS: 1974 Perth Rd. Mooresville, NC

SITE ADDRESS: 1974 Perth Rd. Mooresville, NC | PHONE: N/A | ALT. PHONE Ammons Septic: 704-663-7631

SITE DIRECTIONS: Perth Rd N from Rt 150 → House on left | SAP CONTROLLED: ☐ YES ☒ NO

SUBDIVISION: Harborview | SECTION: 4 | LOT # 15 | LOT AREA: 0.62 acres | DESIGN FLOW: 480 GPD | L.T.A.R.: —

Septic Tank	1000 (gal)	STB	~~Infiltrator~~	Date			
Pump Tank	— (gal)	PT	—	Date	—		
Pump Make	—	Model	—	Serial #	—		
# Nitrification Fields	EXISTING	# Lines		Linear Ft			
Trench Width		Trench Bottom Depth (Low side)		Gravel Depth	Ex		

☐ New System ☒ Repair ☐ Expansion System Type: I II (III) IV V VI

System Description: Replace old tank with new tank

Repair System Description: as needed.

Maintenance Agreement Required: ☐ YES ☒ NO

☒ GRAVITY ☐ PRESSURE

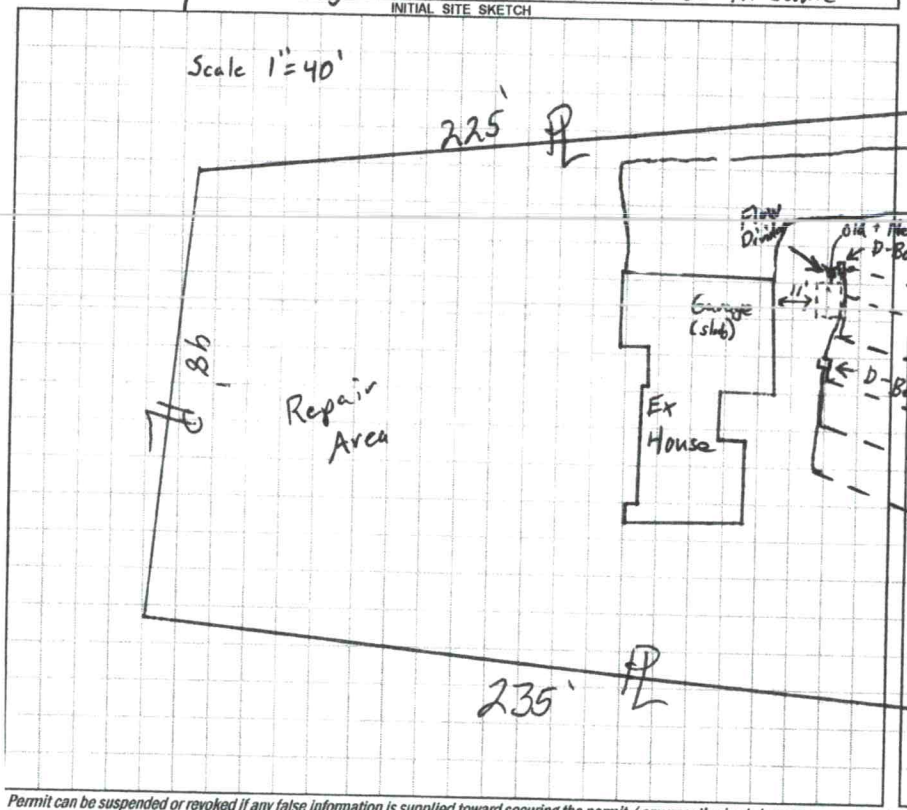
☒ Residence ☐ Business ☐ Other ☒ Slab ☐ Basement w/plumbing

No. Bedrooms 4 | No. Persons 8 | No. Employees — | ☒ Crawl Space | ☐ Basement w/o plumbing

Water Supply: ☐ Private ☐ Public ☒ Community

Comments / Conditions: Recommend uncovering + checking functionality of flow divider + 2 subordinate D-Boxes. Replace if needed (must use speed levelers). New tank to be installed in same location as old tank. Recommend having septic pumped every 3-5 years.

INITIAL SITE SKETCH



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. **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: Acceptance of Permit Recvd | Date: 6-3-2020 | Installed by: Holmes Construction

IMPROVEMENT PERMIT by: Tom Shuck | Date: 6/2/2020 | OPERATION PERMIT by: [signature] | Date: 6-23-2020

AUTHORIZATION TO CONSTRUCT by: Tom Shuck | Date: 6/2/2020 | Existing System Inspected by: | Date:

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.

DigiSign Verified: 7CDD8C03-249D-4545-9AE9-16C2BCFCA724

IREDELL COUNTY HEALTH DEPARTMENT
JANE HINSON, RN BSN MS
HEALTH DIRECTOR

Public Health
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Iredell County Health Department

ACKNOWLEDGEMENT OF ACCEPTANCE OF PERMIT DESIGN AND CONDITIONS

Any permit requiring a signature must have this form signed by the property owner or their authorized agent. Once this form is signed and returned to Environmental Health an official copy of the permit will be emailed to the email that you provide.

I, Jerry and Brenda Bohannan, am the legal owner or the agent of the property located at 1974 Perth Rd., Mooresville, identified as PIN(Parcel Identification Number) ~~4638-87-2313.000~~, located in Iredell County, North Carolina. AP-307796
Permit # _____.

I do hereby agree to the permit design and the conditions of this permit.

Jason Kohnstamm as guardian of Jeremy and Brenda Bo 06/02/23
Signature of Owner/Authorized Agent Date

_____ _____
Signature of Witness Date

jasonkohnstamm@gmail.com
_____
email

DigiSign Verified: 7F974CDF-4BDA-4D5E-833B-0525D09B0479

RECEIVED MAY 2 8 2020

APPLICATION MUST BE FILLED OUT COMPLETELY & BE LEGIBLE
OR IT WILL NOT BE PROCESSED

AP- 307796

Iredell County Health Department – Environmental Health Division

PAGE 1: *APPLICATION FORM*

Repair Evaluation - No Chg

Application For:
( ) New Well Permit ( ) Well Repair Permit ( ) Well Abandonment
(✓) Septic Improvement Permit ( ) Authorization to Construct ( ) 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

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: Jerry + Brenda Bohannan Address: 1974 Perth Road, Mooresville Zip: 28117
Applicant Email: Jasonkohnstamm@gmail.com Phone: _____ Alt. Phone: _____
Owner Name: _____ Address: _____ Zip: _____
Owner Email: _____ Phone: _____ Alt. Phone: _____

Property Information:

Street Address: 1974 Perth Road, Mooresville, N.C. 28117
Subdivision Name: _____ Section/Phase: _____ Lot Number: _____
Driving Directions: from 77 South take exit 36 take A Right on Hwy 150, go to Peeth Road TAKE Right, 1974 Peeth Road 3rd left

Site Development Information: *(check or complete ALL that apply* For Andrea Permistic **CHECK FOUNDATION TYPE** PASS pred

( ) New Single Family Residence
( ) New Multi-Family Residence
( ) Accessory Building
( ) Bedroom(s) Addition
(✓) Repair to failing septic system
Maximum Number of Bedrooms: 3
Maximum Number of Occupants: 3
( ) Swimming Pool
( ) Other Addition/Structure: _____
✓ Tank ___ Drain lines Describe Problem: See attached report
(✓) 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 ( ) Community Well ( ) City Water ( ) Other Public Water

Desired Septic System Type: *(you may rank in order of preference)* Year existing system installed: 2001
(✓) No Preference ( ) Alternative ( ) Conventional ( ) Innovative ( ) Modified Conventional ( ) Other: _____

Please answer the following to the best of your ability:
( ) Yes (✓) No Does the site contain any jurisdictional wetlands?
( ) Yes (✓) No Is any non-domestic sewage (i.e. industrial) to be generated?
( ) Yes (✓) 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: Jerry L Bohannan by guardian Jason Kohnstamm
Property owner or owner's legal representative signature (SIGNATURE REQUIRED)

05-22-2020
DATE

DigiSign Verified: 7F974CDF-4BDA-4D5E-833B-0525D09B0479

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IREDELL COUNTY DEPARTMENT OF ENVIRONMENTAL HEALTH

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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*) Jerry+Brenda Bohannan

Jason Kohnstamm as guardian to Jerry and Branda Bohannan

Jerry L Bohannan by guardian Jason +

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, Jerry+Brenda Bohannan, am the legal owner(s) of the property located at 1974 Perth Road, Mooresville, NC 28117, identified as PIN (Parcel Identification Number) 4638-87-2313.000, located in Iredell County, North Carolina.

I do hereby authorize (**print legal representative/company name**) Kevin Hallman,

_____, 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.

Jerry L Bohannan by guardian Jason Kohnstamm
Signature of Owner(s)

05-22-2020
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