ICHD–ENVIRONMENTAL HEALTH DIVISION

Statesville Office (704) 878-5305 | Mooresville Office (704) 660-3625 (BB) | PERMIT # AP300747

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

PIN # 4638965800

APPLICANT/OWNER: Bob Barton | APPLICANT ADDRESS: 188 Sagemore Rd Mooresville NC 28117

SITE ADDRESS: 188 Sagemore Rd Mooresville NC 28117 | PHONE: 704-463-1230 | ALT. PHONE 704-202-5791

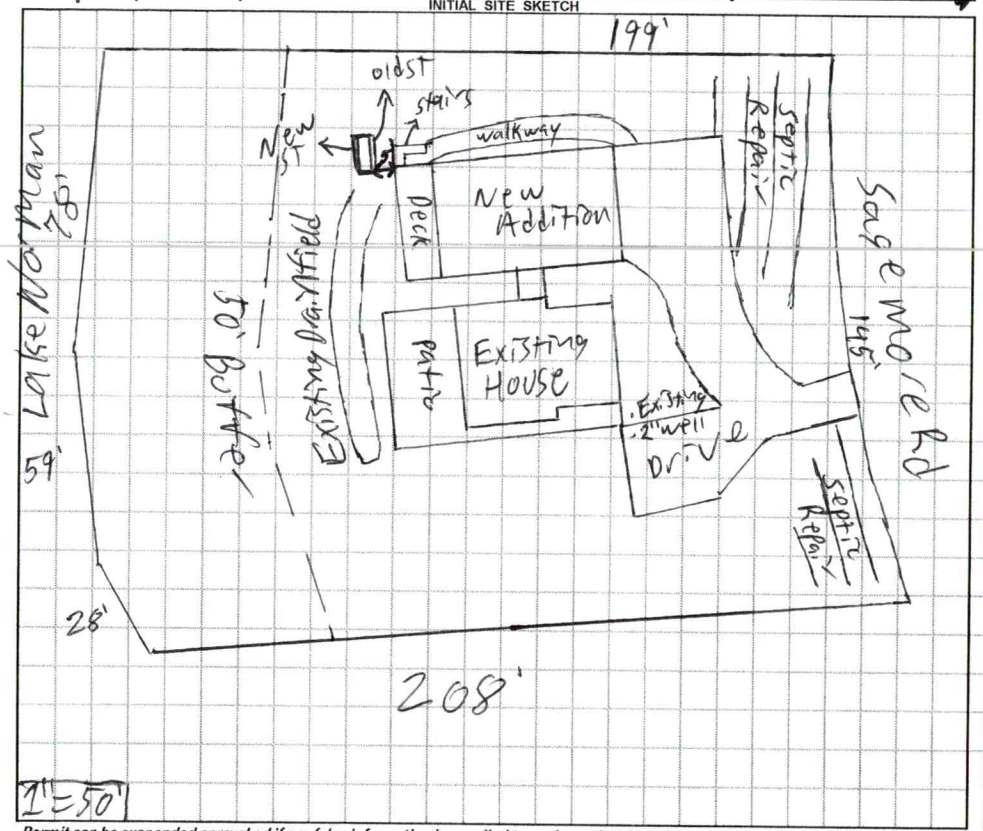
SITE DIRECTIONS: NC 115 N to L on Connector Rd, S on Cornelius Rd, L on Perth Rd, L on Harbor Landing Dr, L on Sagemore Rd, 1st on R | SAP CONTROLLED: ☐ YES ☒ NO

SUBDIVISION: CLand T | SECTION: 14 | LOT # 13 | LOT AREA: 0.72 acres | DESIGN FLOW: Existing | L.T.A.R.: Existing

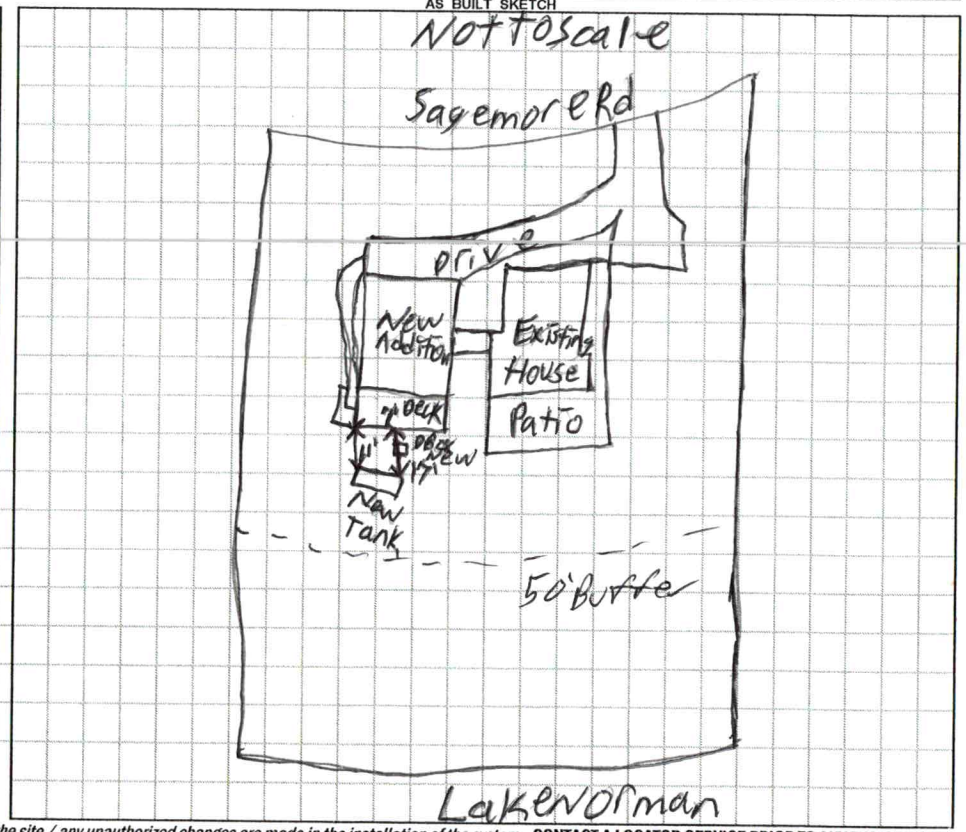
Septic Tank	1000	(gal)	STB	Infiltrator	Date	Infiltrator	☐ New System	☒ Repair	☐ Expansion	System Type: I II III IV V VI	☒ Residence	No. Bedrooms	Existing	Water Supply
Pump Tank	—	(gal)	PT	—	Date	—	System Description:	New Tank			☐ Business	No. Persons	Existing	☒ Private
Pump Make	—	Model		—	Serial #	—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

Comments / Conditions: Pump, Crush and fill old ST. If tank is deeper than 3' under ground Tank must be traffic grade. All Property Lines, corners and 50' Buffer must be marked during time of installation and inspection by a licensed surveyor. New ST must be 5' off any footers of deck.

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: Robert J Barton | Date: 8/4/2020 | Installed by: Joe Thompson

IMPROVEMENT PERMIT by: Patrick J Bagley III | Date: 8/4/2020 | OPERATION PERMIT by: Patrick J Bagley III | Date: 8/11/2020

AUTHORIZATION TO CONSTRUCT by: Patrick J Bagley III | Date: 8/4/2020 | 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.

RECEIVED JUL 3 0 2020

AP-300247
$150.00

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

133 to

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: Robert Barton **Address:** 188 Sagemore Rd Mooresville NC **Zip:** 28117

Applicant Email: dobbarton60@gmail.com **Phone:** 704-453-1230 **Alt. Phone:**

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

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

Property Information:

Street Address: 188 Sagemore Rd Mooresville NC 28117

Subdivision Name: **Section/Phase:** **Lot Number:**

Driving Directions: From Perth Rd turn onto Sagemore - house down near end of culdisack on right

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 ___ Tank ___ Drain lines Describe Problem:

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

( ) Crawl Space Foundation
(X) 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 (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:**
(X) 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: Robert Bar 7-30-2020

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*) Robert Barton

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, Robert Barton, am the legal owner(s) of the property located at 188 Sagemoreld Mooresville NC 28117, 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

VERIFICATION HAS BEEN PERFORMED.
4. THIS IS NOT AN ACTUAL FIELD SURVEY
5. THE PUPOSE OF THIS MAP IS TO SHOW PROPOSED ADDITION IN RELATION TO PROPERTY LINES ONLY.
6. PRELIMINARY-- NOT FOR SALES, CONVEYANCES OR RECORDATION



