ICHD–ENVIRONMENTAL HEALTH DIVISION

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

PERMIT # AP-302046

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

PIN # 4639-15-6299

APPLICANT/OWNER: Michael W. Byrnes | APPLICANT ADDRESS: 293 Marietta Rd. Mooresville, NC 28117

SITE ADDRESS: 293 Marietta Rd. Mooresville, NC 28117 | PHONE: 704-658-6769 | ALT. PHONE

SITE DIRECTIONS: Fern Hill Rd → Bullfinch → Marietta → House on Right | SAP CONTROLLED: ☒ YES ☐ NO

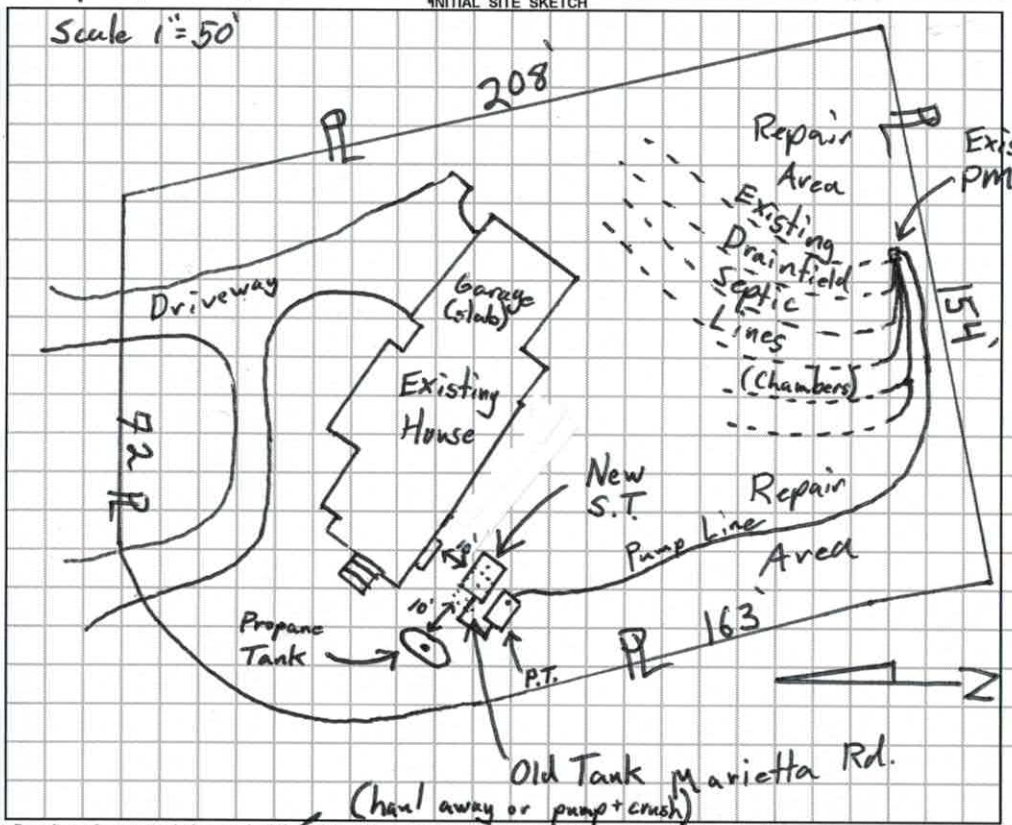
SUBDIVISION: Beacon Pt. | SECTION: II | LOT # 16 | LOT AREA: 0.717 acres | DESIGN FLOW: 480 GPD | L.T.A.R.: 0.30

Septic Tank	1000 (gal)	STB	Infiltrator	Date	IM-1060	☐ New System	☒ Repair	☐ Expansion	System Type: I II (III) IV V VI	☒ Residence	No. Bedrooms 4
Pump Tank	1000 (Existing) (gal)	PT	Ex	Date	Ex	System Description:				☐ Business	No. Persons 8
Pump Make	Ex	Model	Ex	Serial #	Ex	Repair System Description:	Replace Septic Tank as needed			☐ Other	No. Employees
# Nitrification Fields	Ex	# Lines	Ex	Linear Ft	Ex	Maintenance Agreement Required:	☐ YES	☒ NO		☐ Slab	☒ Crawl Space
Trench Width	Ex	Trench Bottom Depth(Low side)	Ex	Gravel Depth	—		☐ GRAVITY	☒ PRESSURE		☐ Basement w/plumbing	☐ Basement w/o plumbing

Water Supply: ☐ Private ☒ Public ☐ Community

Comments / Conditions: Install new septic tank at approximately same location as existing tank. Recommend that existing tank be pumped by licensed septic hauler and hauled away or crushed in place. Recommend that tank be pumped every 3-5 years.

INITIAL SITE SKETCH



AS BUILT SKETCH

11/14/19: Installed as permitted. Old tank crushed to pieces and hauled away — SF

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: Michael W. Byrnes | Date: 11/1/19 | Installed by: Tim Ammons

IMPROVEMENT PERMIT by: Thomas Shuck | Date: 10/31/19 | OPERATION PERMIT by: Tom Shuck | Date: 11/14/19

AUTHORIZATION TO CONSTRUCT by: Thomas Shuck | Date: 10/31/19 | 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 OCT 2 4 2019

IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

APPLICATION FORM Septic 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 AP- 302046

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: Michael W. Byrnes Address: 293 Marietta Rd., Mooresville, NC Zip: 28117
Applicant Email: byrnes3nc@gmail.com Phone: 704-658-6769 Alt. Phone: 704-701-3704
Owner Name: Michael W. Byrnes Address: 293 Marietta Rd., Mooresville, NC Zip: 28117
Owner Email: byrnes3nc@gmail.com Phone: 704-658-6769 Alt. Phone: 704-701-3704

Property Information:

Street Address: 293 Marietta Rd., Mooresville, NC 28117
Subdivision Name: Beacon Pointe Section/Phase: II Lot Number: 16
Driving Directions: Perth Rd. TR Fern Hill TR Marietta on left

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

( ) New Single Family Residence
( ) New Multi-Family Residence
( ) Accessory Building
( ) Bedroom(s) Addition
(✓) Repair to failing septic system ✓ Tank ___ Drain lines Describe Problem: Cracked – see attached report
Maximum Number of Bedrooms: 4
Maximum Number of Occupants: 2
( ) Swimming Pool
( ) Other Addition/Structure:

CHECK FOUNDATION TYPE

( ) 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: 2007
( ) 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: Michael W. Byrnes 10/24/19
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

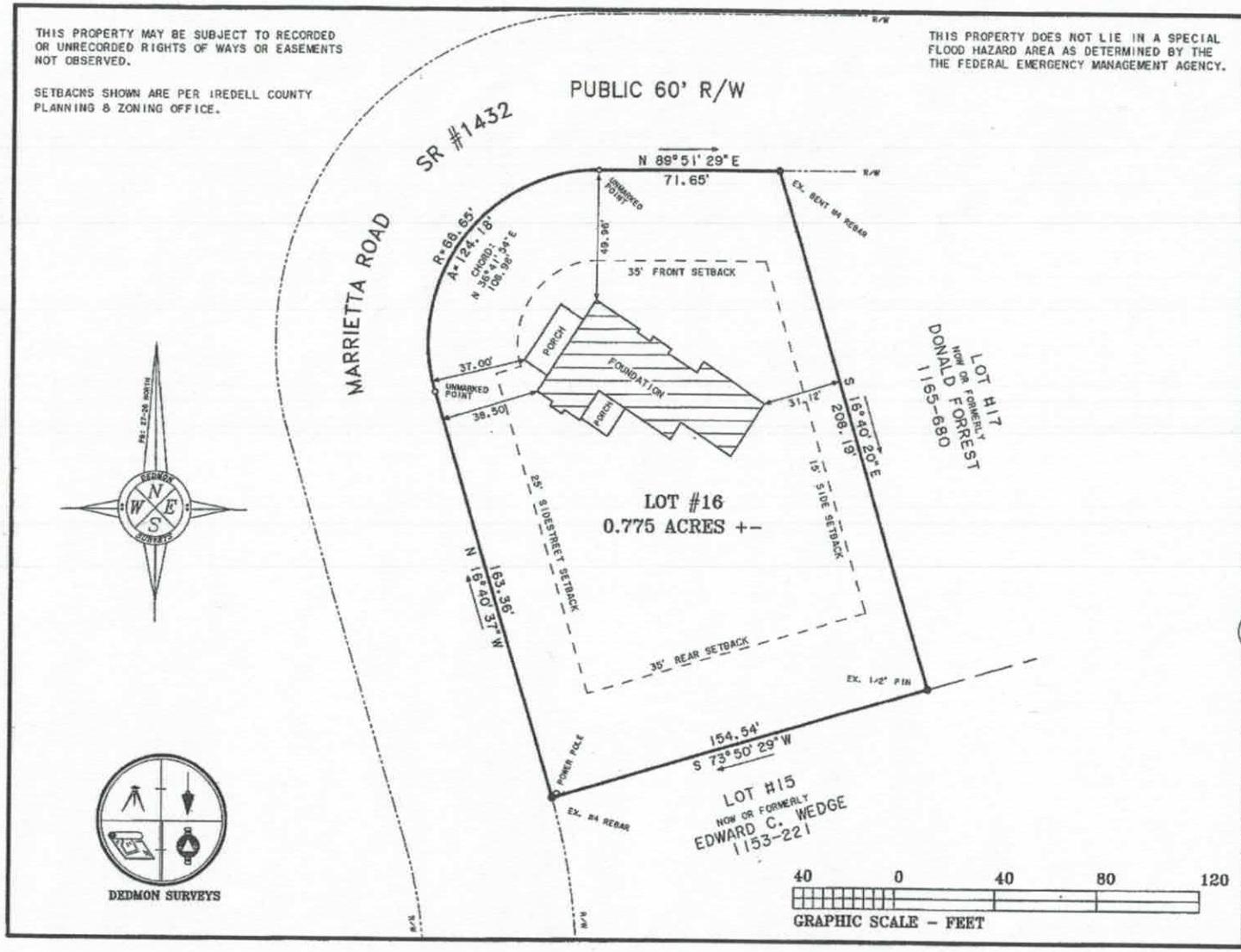
Mooresville - Environmental Health
ronda.hart@co.iredell.nc.us
Fax: 704-662-3239
610 E. Center Avenue, Mooresville, NC 28115

Statesville - Environmental Health
adrienne.shea@co.iredell.nc.us
Fax: 704-871-3483
349 N. Center Street, Statesville, NC 28677

THIS PROPERTY MAY BE SUBJECT TO RECORDED OR UNRECORDED RIGHTS OF WAYS OR EASEMENTS NOT OBSERVED.

SETBACKS SHOWN ARE PER IREDELL COUNTY PLANNING & ZONING OFFICE.

THIS PROPERTY DOES NOT LIE IN A SPECIAL FLOOD HAZARD AREA AS DETERMINED BY THE THE FEDERAL EMERGENCY MANAGEMENT AGENCY.



DEDMON SURVEYS

PHYSICAL SURVEY
FOR

MICHAEL & DONNA BYRNES

BEING ALL OF LOT #16 OF "BEACON POINTE II"

JULY 13, 2007	DB: 1322 PG: 566
SCALE: 1" = 40'	DB: PG:
	PB: 27 PG: 26

FALLSTOWN TOWNSHIP
IREDELL COUNTY, NORTH CAROLINA

RONNIE DEDMON SURVEYORS - P.A.

RONNIE DEDMON, PLS #1222
CHUCK POOVEY, PLS #3762
ROBERT DEDMON, PLS #3899
PHILLIP HARRIS, PLS #4164
4837 NC HIGHWAY #16 NORTH
P.O. BOX 494 - DENVER, N.C. 28037
PHONE: (704)-483-4908
FAX: (704)-483-2170

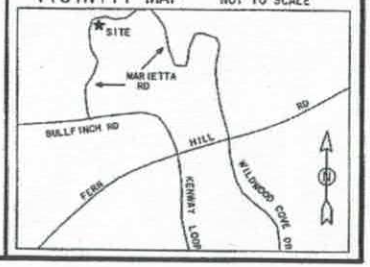
NORTH CAROLINA PROFESSIONAL SEAL L-4164 LAND SURVEYOR PHILLIP A. HARRIS

"I CERTIFY THIS PLAT WAS DRAWN FROM AN ACTUAL SURVEY AND IS CORRECT AND TRUE TO THE BEST OF MY KNOWLEDGE."

PROFESSIONAL LAND SURVEYOR — L-4164 LICENSE NO.

SURV. BY: BC	DRAWN BY: PHIL	JOB: 01BP16

VICINITY MAP NOT TO SCALE



Dispersal Field: Type of system ___Convential X Accepted___Innovative___Experimental___Controlled

Demonstration___ Pretreatment; Type of Pretreatment _____

Brief Description of system Type 25% Reduction 400 ft

___FT from property line if property lines are known

___Ft from septic/pump tank 6 # of lines 4-80 - 2-40 ___length of lines

NO Evidence of past or current surfacing at time of inspection Briefly describe:_____

NO Evidence of traffic over the dispersal field

NO Vegetation, grading & drainage noted that may affect the condition of the system or System components

YES Effluent is reaching the dispersal field

____Conditions present that require repair or subsequent observation or warrants further evaluation by the local Health Department. Description of adverse condition: _____

Consequences of the adverse condition:_____

Client should contact _____County Environmental Health and/or a certified on-site wastewater contractor

Other pertinent facts noted during inspection: Septic Tank Has Large Cracks in the Tank. Cracks are on the incoming Side of Tank. Septic System is Pump to top of Back Yard. 400 ft 25% Reduction with Heal or Contour. Septic Tank Has Been Compromised

Inspector Name: Jason Trivette Certification# 55531

Address: 410 Lentz Rd Statesville NC 28625 Phone# 704-876-1834

No representation, warranties or opinions are hereby given, written or expressed otherwise, as to the future performance of on-site wastewater system described herein. This onsite wastewater system inspection is a presentation of system facts in place on date of inspection.

Inspector signature: Jason Trivette Date: 10-23-2019

Lentz Septic Tank Service LLC.