IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 241924

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

PIN # 4639-43-0514

APPLICANT/OWNER: Jennifer Price (Joyce) APPLICANT ADDRESS: 8 Tall Tree Lane Taylors, SC

SITE ADDRESS: 121 Kenway Loop Mooresville, NC 28117 PHONE: 704-679-3836 ALT. PHONE

SITE DIRECTIONS: Perth Rd N from Rt 150 → L on Fern Hill Rd → L on Kenway Loop → House on left SAP CONTROLLED: ☐ YES ☒ NO

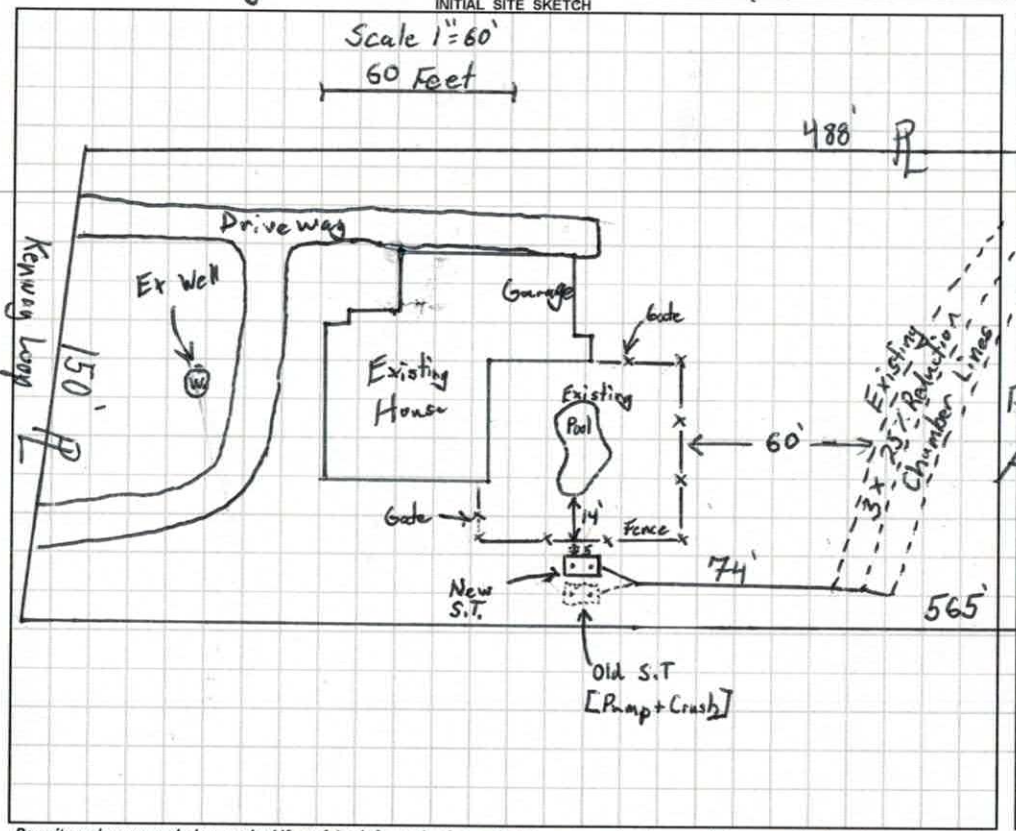
SUBDIVISION: Wildwood Cove SECTION: — LOT # 37 LOT AREA: 1.855 acres DESIGN FLOW: 480 GPD L.T.A.R.: 0.30

Septic Tank	1000	(gal)	STB	Plastic Infiltrator	Date		☐ New System	☒ Repair	☐ Expansion	System Type: I II III IV V VI	
Pump Tank	—	(gal)	PT	—	Date		System Description:	Pump + Crush existing S.T. and			
Pump Make	—		Model	—	Serial #	—	Repair System Description:	replace with new tank as requested			
# Nitrification Fields	Ex	# Lines	Ex	Linear Ft	Ex		Maintenance Agreement Required:	☐ YES	☒ NO		
Trench Width	Ex	Trench Bottom Depth(Low side)	Ex	Gravel Depth	Ex		☒ GRAVITY	☐ PRESSURE			

☒ Residence	No. Bedrooms	4	**Water Supply**
☐ Business	No. Persons	8	☐ Private
☐ Other	No. Employees		☐ Public
☐ Slab	☒ Crawl Space		☐ Community
☐ Basement w/plumbing			☐ Basement w/o plumbing

Comments / Conditions: Recommend tank be pumped every 3-5 years. Old tank must be pumped by a licensed sewage hauler. Re-route conveyance as needed. Keep new tank 5' from fence.

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: Vickie Barrett Date: 2/11/19 Installed by: Lentz Wastewater

IMPROVEMENT PERMIT by: Thomas Shuck Date: 2/8/19 OPERATION PERMIT by: Maria L Olson Date: 2/13/19

AUTHORIZATION TO CONSTRUCT by: Thomas Shuck Date: 2/8/19 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.

241924 'Repair

IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

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: Jennifer Price (Joyce) Address: 8 Tall Tree Ln. Taylors, SC Zip: 29687
Applicant Email: jennyjoyce38@yahoo.com Phone: 702-677-3836 Alt. Phone: _____
Owner Name: Jennifer Price (Joyce) Address: same as above Zip: _____
Owner Email: same as above Phone: _____ Alt. Phone: _____

Property Information:

Street Address: 121 Kenway Loop
Subdivision Name: Wildwood Cove Section/Phase: _____ Lot Number: 37
Driving Directions: _____

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

CHECK FOUNDATION TYPE

( ) New Single Family Residence — Maximum Number of Bedrooms: 4
( ) New Multi-Family Residence — Maximum Number of Occupants: vacant
( ) Accessory Building — ( ) Swimming Pool
( ) Bedroom(s) Addition — ( ) Other Addition/Structure: _____
(X) Repair to failing septic system ✓ Tank ___ Drain lines Describe Problem: Roots
Non-Residential Site Development: Type of Business: _____
Square Footage of Building: _____ Max. Number of Employees: _____ Max. Number of Seats/Beds/Other: _____

( ) Crawl Space Foundation
( ) Concrete Slab Foundation
( ) Basement with Plumbing
( ) Basement without Plumbing

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: _____
( ) 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: J Price Joyce 1/31/19
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

109 Fallmouth

IREDELL COUNTY DEPARTMENT OF ENVIRONMENTAL HEALTH

DOCUMENTATION TO AUTHORIZE AN OWNER'S LEGAL REPRESENTATIVE

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.

I, Jennifer Pinc (Joyce), am the legal owner(s) of the property located at 121 Kenway Loop Mooresville, NC 28117, identified as PIN (Parcel Identification Number) _____, located in Iredell County, North Carolina.

I do hereby authorize (**print legal representative/company name**) Vickie Barrett, Varcon Properties, 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: 1/31/19

Signature of Witness — Date

Please return this signed form to the appropriate office:

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