IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 242140

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

PIN # 4639957001

APPLICANT/OWNER: ODE JENSEN
APPLICANT ADDRESS: 107 Leaning Tower Drive Mooresville NC 28117.
SITE ADDRESS: 107 Leaning Tower Drive Mooresville NC 28117
PHONE: 704-502 9494 ALT. PHONE 704-799 9551
SITE DIRECTIONS: Perth Rd R into Bells Crossing L N. Sm Augustine Dr Leaning Tower
SAP CONTROLLED: ☐ YES ☐ NO
SUBDIVISION: Bells Crossing
SECTION: 2 LOT # 48. LOT AREA: 39,330 sq ft
DESIGN FLOW: 480 L.T.A.R.: .30

Septic Tank EXT-1000 (gal) STB 760 Date 6-17-14
Pump Tank – (gal) PT – Date –
Pump Make – Model – Serial # –
Nitrification Fields 1 # Lines 6 Linear Ft 400
Trench Width 36 Trench Bottom Depth (average) 36 Gravel Depth –

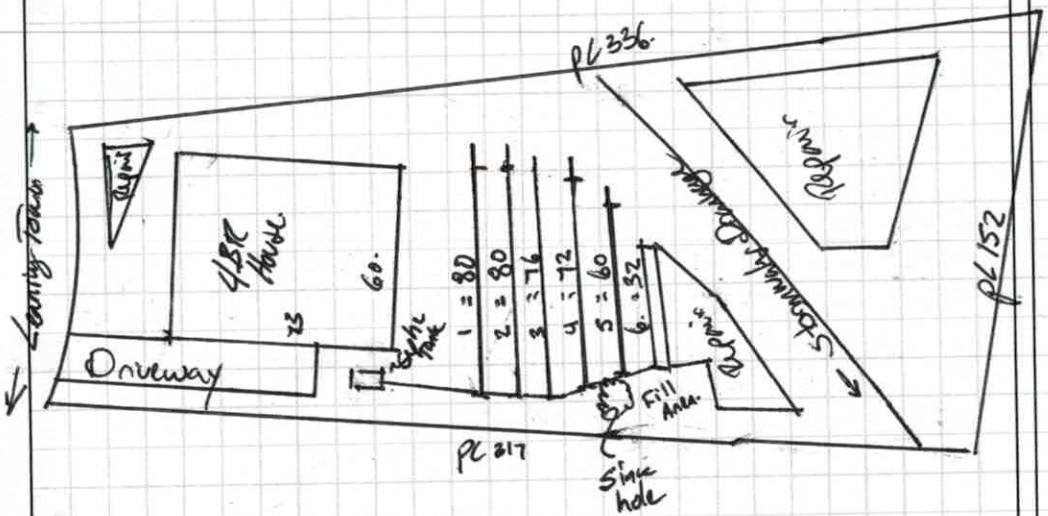
☐ New System ☑ Repair ☐ Expansion System Type: I II (III) IV V VI
System Description: –
Repair System Description: Replace 25% Reduction
Maintenance Agreement Required: ☐ YES ☑ NO
☑ GRAVITY ☐ PRESSURE

☑ Residence No. Bedrooms 4
☐ Business No. Persons 8.
☐ Other No. Employees
☐ Slab ☑ Crawl Space
☐ Basement w/plumbing ☐ Basement w/o plumbing

Water Supply
☐ Private
☐ Public
☑ Community

Comments / Conditions: Repair Permit. Sinkhole occured in Fill in Area 10 Ft of A Drainline exposed. Fill in hole with Switdax spil + Replace 10 Ft of Drainlin at the end of Lines 4, 5, or 6. Line 4 only affected by sinkhole.

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: Anne Jensen Date: 2/26/19 Installed by: Richard Abernathy
IMPROVEMENT PERMIT by: Benjamin A Bell Date: 2/26/2019 OPERATION PERMIT by: James Boggs Date: 3-4-19
AUTHORIZATION TO CONSTRUCT by: Benjamin A Bell Date: 2/26/2019 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 2 4 2014

LINE SCHEDULE

LINE NUMBER	COLOR	FIELD ELEVATION	LENGTH (FT)
1	ORANGE	2	61
2	RED	3.7	60
3	YELLOW	4.8	60
4	BLUE	5.9	72
5	PINK	8.	60
6	ORANGE	10.1	44

LOT 48 BELLS CROSSING SUBDIVISION

4-BEDROOM ACCEPTED STATUS GRAVITY SYSTEM
LINES 1-6 TOTAL 417 LINEAR FEET
EZFLOW OR CHAMBER
LTAR 0.3
25% REDUCTION
36" TRENCH DEPTH MAX AFTER COVER IS ADDED

4-BEDROOM SUBSURFACE DRIP REPAIR
LTAR 0.125
AREA NEEDED AT 0.125 LTAR 3840 SF
TOTAL AREA FOR DRIP 4667 SF
6" TRENCH DEPTH MAX IN AREA 1 AND 2
36" TRENCH DEPTH IN AREA 3

FOR GENERAL USE NOT A SURVEY
PRELIMINARY NOT FOR CONSTRUCTION

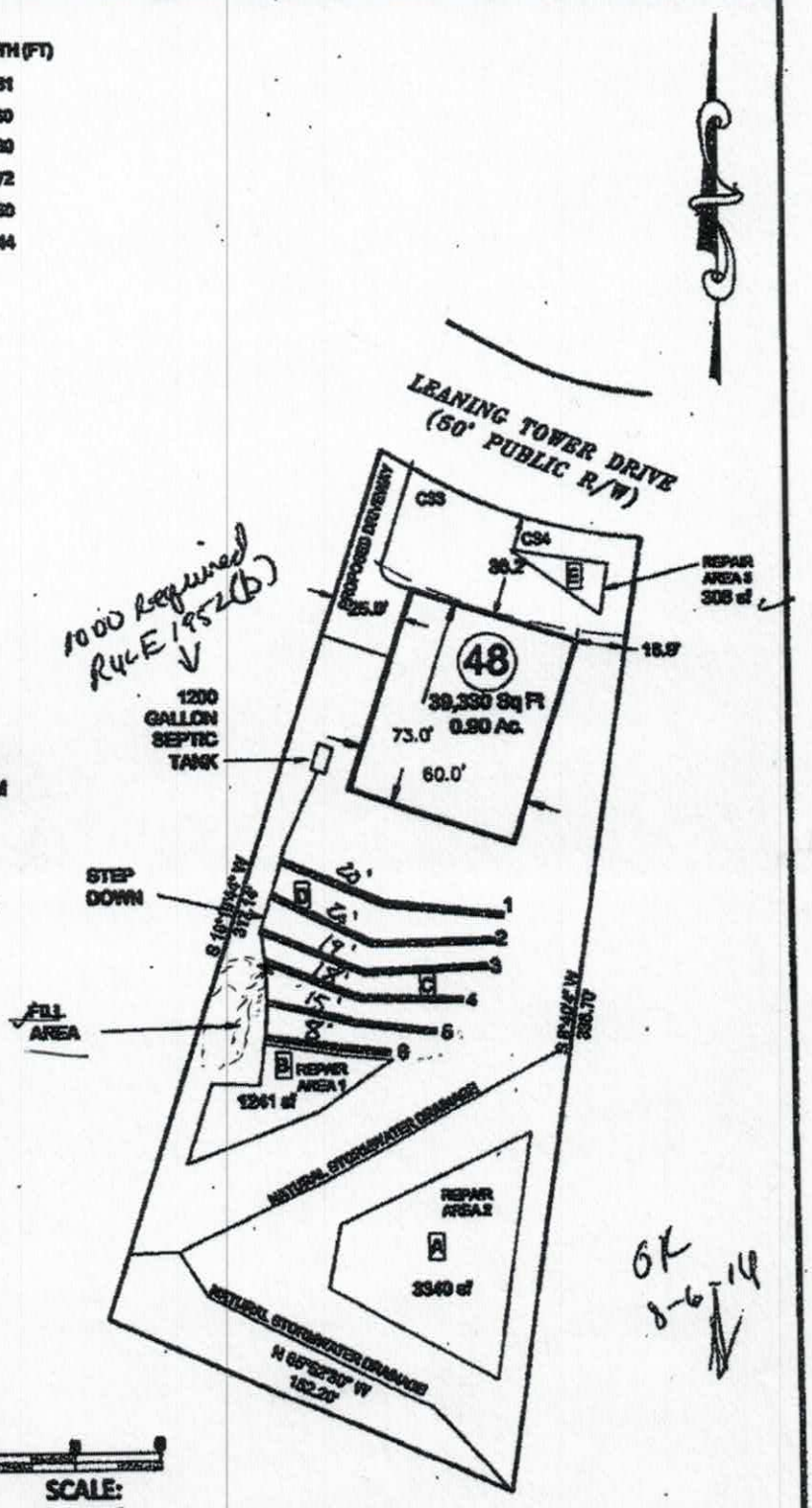
SOIL PROFILES AND ANALYSIS PROVIDED BY
CENTRAL CAROLINA SOIL CONSULTING PLLC

PRIMARY SYSTEM

REPAIR SYSTEM

REPAIR LINES
(NOT USED)

PIT OR AUGER BORING



SCALE:
1" = 60 ft.

Bateman Civil Survey Company Engineers • Surveyors • Planners	MeritageHomes	LOT 48 BELLS CROSSING SUBDIVISION MOORESVILLE, NC IREDELL COUNTY REVISED 07/24/14 DATE: 07/10/14 DRAWN BY: MB CHECKED BY:TMB

Repair 242140

REDELL COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
Application for SEPTIC REPAIR PERMIT

(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)

1. APPLICATION FOR: ___Improvement Permit ___Authorization To Construct ___BOTH X Existing System Inspection

2. 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 check ( ) beside whichever is submitted if applicable ___Custom Site Plan, Scaled no more than 1 Inch = 60 Feet

3. Applicant Information:

Applicant Name	Mailing Address	Home Phone #	Alternate Phone #
Ode Jensen	107 Leaning Tower DR Mooresville 28117	704-799-9551	704-502-9494
Owner Name	**Mailing Address**	**Home Phone #**	**Alternate Phone #**
Ode Jensen	Same as above	same as above	

4. Property Information:

Street Address	Subdivision Name	Section/Phase and Lot Number
107 Leaning Tower DR Mooresville 28117	Bells Crossing	48

Driving Directions: From 150 West Turn Right on Perth Road. Drive 3 miles & Turn Left on Bells Crossing Rd. Make a 1st Right House on N. San Augustin Rd. - First Left - Leaning Tower. 2 on Left

5. RESIDENTIAL Site Development Information: *(Check or Complete ALL that apply)*

( ) New, Single Family Residence
( ) New, Multi-Family Residence
( ) Expansion of Existing Septic System
(X) Repair To Failing Septic System due to Sink Hole - Lateral Broken & Septic Leak
( ) Other

Maximum Number of Bedrooms 4
Maximum Number of Occupants 2
If Expansion, Current Number of Bedrooms ___

( ) Crawl Space Foundation?
(X) Concrete Slab Foundation?
( ) Basement w/Plumbing?
( ) Basement w/out Plumbing?

IF Non-Residential Site Development: Type of Business
Square Footage of Building
Maximum Number of Employees ___ Ma

6. Proposed Water Supply:

( ) New Well ( ) Existing Well (X) Community Well (Existing) ( ) City Water ( ) Other Public Water

7. Desired Septic System Type: *(You may rank in order of preference, if any)* (X) EXISTING SYSTEM installed 2014 *Year*

( ) Alternative ( ) Conventional ( ) Innovative ( ) Modified Conventional ( ) Other___

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.

9. Signature: _____ DATE 2/11/19
Property owner or owner's legal representative signature (SIGNATURE REQUIRED)

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